



Indian River State College Parking Appeal Form

Please Note: DO NOT leave any Section blank (failure will result in automatic appeal denial). Further, the citation must be submitted along with the appeal again, failure to do so will result in automatic appeal denial). Appeal must be submitted within 10 business days of the citation.

Please print or type legibly

Student ID Number: _____

Last Name: _____ First Name: _____

Do you live in the River Hammock: † Yes † No

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Email Address: _____

I am primarily a (Please mark one): † Student † Faculty/Staff † Visitor † Other

If a student, what is your student status: † Freshman † Sophomore † Junior † Senior

Campus where violation occurred: † Main † Pruitt † Mueller † Chastain † Dixon Hendry

Ticket/Citation Number: _____ Violation Date: _____

Violation Time: _____ † a.m. † p.m. Parking Decal Number: _____

Vehicle Tag Number: _____ State: _____ Vehicle Color: _____

Vehicle Make: _____ Model: _____ Year: _____

I submit the following facts/circumstances in support of this appeal (attach additional pages if necessary):

Date: _____

Reviewed by: Appeal: _____ † Accepted † Denied