Request to Waive Appeal Deadline

Today's Date:_____ BSU I.D. # (Students/Faculty and Staff only) _____

Name:_____

Address:_____ Apt. #_____

City, State, Zip:_____ Telephone ( ) _____

Citation Number:_____ License Plate:_____ State:____

Note: The Parking and Transportation Services appeals policy requires all citation appeals to be submitted in writing within ten working days of citation issuance. To appeal a citation over ten days old the appellant must show good cause for missing the ten-day deadline.
Citations over 25 days old may not be appealed.

Please explain your reason for missing the ten-day deadline. Attach any supporting documentation that will help Parking and Transportation Services evaluate your circumstances. Please turn this form in with your written appeal.

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Signature: _____

For Parking and Transportation Services use only:

Action:_____ **Date:** _____

Alicia Eshbach _____
Appeals Representative