University of Nevada, Reno - Parking and Transportation Services Citation Appeal

The appeal must be submitted within 15 days of date of citation. Bond equal to the amount of the citation MUST BE PAID prior to, or at the time the appeal is submitted.

<table>
<thead>
<tr>
<th>Citation Number</th>
<th>License Plate</th>
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| Last Name: | |
| First Name: | |
| MyNV # / Staff ID #: | |
| Address: | |
| City/State/ZIP: | | Telephone: |
| Please Circle One: Faculty | Staff | Student | Other | |
| E-Mail Address: | |

Please print or type the reason for your appeal, being as descriptive as possible:
_______________________________________________________________________________________________
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DISPOSITION OF APPEAL: ___ APPROVED (If a refund is due, a refund check will be mailed to the above address.)
___ DISAPPROVED (You may request an appearance before the Parking and Traffic Board.)
___REDUCED (If a refund is due, a partial refund check will be mailed to the above address.)

Authorized Reviewer: ____________________________________________ Date: _____/_____/_____

Reason:

Initials: _________ Date Paid: _____/_____/_______ Amount Paid: $__________ By: MC VISA DISC AMEX CASH CK# ______

AP: _______________ PV: __________________________ Amount Refunded: $______ Date Notified: ________/______/_______

Authorized Reviewer: ____________________________________________ Date: _____/_____/_____

Reason:

Initials: _________ Date Paid: _____/_____/_______ Amount Paid: $__________ By: MC VISA DISC AMEX CASH CK# ______

AP: _______________ PV: __________________________ Amount Refunded: $______ Date Notified: ________/______/_______