

**SUNY Oneonta**  
**University Police Department**  
**Parking & Traffic Services**  
PHONE: 607-436-2644/2645 ° FAX: 607-436-2402  
HOURS: MONDAY-FRIDAY 8AM-4:30PM

**Guidelines for Filing an Appeal:**

1. Appealing a citation will not defer any student accounts charges or late fees which are applied 30 days from the date of the citation.
2. All evidence available is used in the decision. Please attach citation with the appeal form.
  - Evidence such as photographs or anything else you feel may help your appeal.
3. The question that the parking appeals board ask when reviewing appeals are:
  - Did a violation occur?
  - Was the violation avoidable?When the answer to both is “yes”, the appeal will be denied.
4. Be **CLEAR** in explaining your situation.
5. Be **RELEVANT** and **POLITE** in presenting your case.
6. The following reasons are considered as frivolous for appeal:
  - Lack of knowledge of the regulations, for example, new to campus or have not reviewed regulations;
  - Other vehicles were parked improperly;
  - Only parked illegally for a short period of time;
  - Stated failure of police officer to ticket previously for similar offenses;
  - Late to class or appointment;
  - Lost ticket, forgetfulness
  - Inability to pay the amount of the fine;
  - No other place to park.
  - Someone other than University Police said you could park there.
7. Don't appeal “just to give it a shot.” These appeals are read by students and faculty/staff like you who **volunteer** their time. If you deserved the ticket, please just pay it – help us keep this process **VOLUNTEER!**
8. Mail completed form to: **SUNY ONEONTA, UNIVERSITY POLICE, PARKING & TRAFFIC SERVICES, 1 ALUMNI HALL, ONEONTA, NY 13820**

---

---

**ALL DECISIONS MADE BY THE PARKING APPEALS BOARD ARE FINAL.**

---

---

**SUNY Oneonta**  
**University Police Department**  
**Parking & Traffic Services**  
**Parking Ticket Appeal Form**

Rec'd by: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

---

---

Section 1 – Customer Information

I am filing this appeal as a :      Student                      Faculty/Staff                      Visitor                      Contractor/Vendor

\_\_\_\_\_ A00University Number

\_\_\_\_\_ Date

\_\_\_\_\_ Name

\_\_\_\_\_ Email Address

\_\_\_\_\_ Mailing Address

\_\_\_\_\_ Phone Number

\_\_\_\_\_ City                      State                      Zip

---

---

Section 2 – Citation Information

Citation Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

---

---

Section 3 – Appeal Details – **Must be filed no more than ten (10) days after the date of the ticket.**

The following is a complete description of the details of this case. Make sure you review the guidelines prior to completing this form.

I affirm the above information is true and complete. I also understand the guidelines (shown above) for filing an appeal.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

---

---

DO NOT WRITE BELOW THIS LINE

Appeal Granted

Yes

No

Date of Meeting \_\_\_\_\_

Basis \_\_\_\_\_

---