



MONTANA TECH

Parking Violation Appeal

Print Name and Address Below

Name: _____ Student ID#: _____

Citation/Ticket Number(s): _____

Ticket Issued Date(s): _____

License Plate # / State: _____

Registered Owner: _____

OFFICE USE ONLY	
___	APPROVED
___	REDUCED FINE
___	UPHELD FINE \$ _____
___	REDUCE TO WARNING
___	DATE RECEIVED _____
___	APPEALS BOARD DATE _____

IMPORTANT: MUST BE WITHIN 30 DAYS AND FILLED OUT COMPLETELY OR APPEAL WILL NOT BE ACCEPTED

Write (legibly) your reason(s) for the appeal in the space below. Please be specific and concise about the circumstances. This appeal must be in written form and submitted within thirty (30) calendar days of the violation. Your appeal will be reviewed Parking Appeals Committee and their decision will be final. Non-payment of fines is submit to collection methods used by Montana Tech. Please email the completed form to Parking@mtech.edu or submit to Business Services in the SSC.

Reason for Appeal: _____

*continue on back if needed

I certify that all information listed herein is true and correct. If all information is not complete or beyond 30 days of violation, the appeal will not be accepted and the fine will be upheld.

Signature: _____ Date: _____