



Clark Atlanta University  
Parking Violation Appeal Form

DATE: \_\_\_\_\_

*The Appeal Form should be submitted to the Business Services Office via email to [AuxiliaryServices1@cau.edu](mailto:AuxiliaryServices1@cau.edu). Please note that if you have supporting documentation, it must be submitted with your appeal form. Please attach to email and include Student ID number.*

**NOTE: This appeal must be submitted within 5 days of immobilization or towing to be considered by the Parking Appeals Committee**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
(Please print clearly)

Address: \_\_\_\_\_  
Street City State Zip Code

Vehicle Year/Make/Model: \_\_\_\_\_ Tag #: \_\_\_\_\_

Location vehicle was immobilized: \_\_\_\_\_

**Reason for Appeal Request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

**(If Appeal's Request is approved, refund not to exceed \$50.00)**

**TOWING FEES ARE NON-REFUNDABLE**

Parking Office Summary of Violation Received Y \_\_\_ N \_\_\_ Date: \_\_\_\_\_

Comment/Response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Associate Vice President, Business Services**