

TRANSPORTATION & PARKING TICKET APPEAL

PLEASE PRINT CLEARLY AND FILL OUT ALL INFORMATION. INCOMPLETE APPEALS CANNOT BE PROCESSED.

Please check one: **First Appeal** **Second Appeal**

Name			Date of Submittal	
Address			Vehicle License Plate Number	State
City	State	Zip	Ticket Number	
Phone Number			Ticket Date	
Email address			Check preferred notification method:	
			<input type="checkbox"/> Email	<input type="checkbox"/> Letter

Check one:

I am a: Student Employee Patient/Patient Visitor Volunteer Vendor Contractor

Please explain the circumstances regarding your ticket below and provide any evidence supporting your claim. Appeals must be submitted within 30 days of being issued a ticket. Late appeals will not be accepted. Please allow two weeks for the Ticket Appeals Team to notify you of the appeals decision.

Appeal has been:
 APPROVED DENIED REDUCED AS FOLLOWS: \$ _____

TOTAL AMOUNT DUE



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