

# VENUS ISD POLICE DEPARTMENT PARKING TICKET APPEAL REQUEST

**NOTICE:** Appeals must be completed by the person responsible for driving the vehicle onto campus the day the parking ticket was issued. Appeals will only be accepted for circumstances which are not a clear violation of VISD Parking Rules and Guidelines. Appeals must be submitted within ten school days of the ticket date.

Date of Request \_\_\_\_\_  Student/Grade \_\_\_\_  Staff  Visitor  Other

Citation Number: \_\_\_\_\_ Date of Citation: \_\_\_\_\_ Violation: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

**Reason for request of appeal:** Appeals must be completed by the person responsible for driving the vehicle onto campus the day the parking ticket was issued. Appeals will only be accepted for circumstances which are not a clear violation of VISD Parking Rules and Guidelines. Appeals must be submitted within ten school days of the ticket date.

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*ALL OF THE ABOVE INFORMATION MUST BE COMPLETED FOR THE APPEAL TO BE CONSIDERED.*

**Officer's Comments:**

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**Police Chief's Final Disposition:** Dismiss  Yes  No

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Police Received by: \_\_\_\_\_ Date \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Use Only: