



# Urban Campus Parking Appeal Form

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

**Mail or Deliver To:** DMACC Urban Campus Security Kiosk  
Building 1, North Entrance  
1100 7th Street  
Des Moines, IA 50314

I hereby give notice of appeal to the Parking Appeals Board for the charges made against me violating DMACC Urban campus parking regulations.

This appeal will be made within the 10 days from the date of issuance and as stated on the face of the ticket.

I understand that only one written appeal is allowed and the decision of the Appeals Board is final.

**Please attach a copy of the ticket.**

This appeal is based on the following: \_\_\_\_\_

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Name: (Print) \_\_\_\_\_

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

License Number \_\_\_\_\_ Ticket Number \_\_\_\_\_

Signature \_\_\_\_\_ DMACC ID # \_\_\_\_\_