UNIVERSITY of HAWAI'I®
HILO

TRAFFIC CITATION APPEAL & REVIEW

Please return this completed form to UH Hilo/Parking Office, Building 300, Room 101 or mail to 200 W. Kawili Street, Hilo, Hawai'i 96720. The decision on your appeal, by the Auxiliary Services Officer, will be mailed to you.

Please print clearly:

NAME: _____ ID #_____
Last Name, First Name

MAILING ADDRESS: _____ PHONE # _____
Street or P.O. Number

_____ CITATION #_____
City State Zip Code

Vehicle License # _____

REASON FOR THIS APPEAL:

_____

_____

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FINDINGS:

_____

_____

DECISION:

☐ Your appeal is upheld. Your citation and fine are waived. Keep this determination as a receipt.

☐ Your appeal is denied. Pay your fine at the UH Hilo Parking Office. To challenge the decision of this appeal, contact the Parking Office for formal hearing procedures with the Traffic Review Board.

PARKING OFFICE USE ONLY: *Green copy -P-Off* *Pink copy - AX Off/Mail* *Yellow copy - Student*

RECEIPT DATE_____ **RECEIPT TIME** _____**AM/PM** **INITIAL** _____

CATEGORY: BLUE GREEN RED ZONE _____ NUMBER _____ LENGTH Fall Spring YR

POL ENTRY DATE / INI: _____

SOAHOLD: Date / Ini. **Cleared:** _____ Date / Ini.I **Entered:** _____

Print Form Save Form As