

Department of Public Safety

REQUEST TO VOID PARKING TICKET

(FOR ADMINISTRATION, FACULTY, STAFF, and VISITOR/CONTRACTOR)

Completed form should be submitted to the Office of the Director of Public Safety Room 132 in the North Office Building for review and authorization. Your ticket must accompany this void request.

☐ **Administration** ☐ **Faculty** ☐ **Staff**

Name: _____ Department: _____

Current Mailing Address: _____

Employee ID#: _____ RWU Parking Permit #: _____

Email Address: _____ Telephone Number: _____

Ticket#: _____ Ticket Date: _____ Violation: _____

Lot Number/Area Offense Occurred: _____

Void Justification: _____

Signature: _____ Date: _____

Visitor/Contractor's void request must be submitted by the Department Manager/Vice President if applicable. All other visitors should appeal directly to Public Safety.

☐ **Visitor/Contractor** Name: _____

Name of Person/Department Visiting: _____

Reason for Being on Campus: _____

Ticket#: _____ Ticket Date: _____ Violation: _____

Lot Number/Area Offense Occurred: _____

Void Justification: _____

Signature: _____ Date: _____

For Department of Public Safety Only

Disposition: ☐ Full ☐ Partial ☐ Request Rejected

Justification: _____

Date: _____ Initial: _____