

PARKING METER COMPLAINT FORM

EASTERN WASHINGTON UNIVERSITY

PRINT NAME AND ADDRESS BELOW:

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

TELEPHONE NUMBER (____) _____

OFFICE USE ONLY

_____ VOID

_____ UPHELD

FINE \$ _____

DATE _____

LOT _____

METER ID _____

POLE# _____

SIGNED _____

IMPORTANT: FORM MUST BE COMPLETELY FILLED OUT OR METER CHECK WILL NOT BE DONE AND FINE WILL AUTOMATICALLY BE UPHELD. NON-PAYMENT OF FINES SUBJECT TO COLLECTION METHODS USED BY PARKING SERVICES AND THE UNIVERSITY (WAC 172.116.320).

INFRACTION (TICKET) NUMBER: _____

LICENSE: _____ STATE: _____

STATE WHY YOU FEEL THE METER IS DEFECTIVE:

SIGNATURE: _____ DATE: _____

EWU ID: _____

RESULT OF TECHNICIAN CHECK:

TIME: _____ MECHANICAL: _____
