

**University of Central Arkansas
Parking Meter Malfunction**

ALL SPACES MUST BE COMPLETED:

Meter # _____

Name _____ Date _____

Address _____ Date of Citation _____

City _____ State _____ Citation # _____

Zip Code _____ Phone # _____ License Plate _____

ID # or Social Security # _____

Parking Lot _____ Meter # (REQUIRED) _____

Amount of money inserted into the meter? _____

What coins did you insert in the meter? Quarters _____ Dimes _____ Nickels _____ Pennies _____

How much time did you get? _____

How much time were you supposed to get?

TYPE OF MALFUNCTION - - Check applicable bracket:

- () Jammed (not able to insert coins)
- () Insufficient time for money inserted
- () Other (explain below)

This reported condition of the meter will be checked, and will be considered in the decision of this complaint. You will be notified of the decision by mail at the address indicated.

Date

Complainant's Signature

OFFICE USE ONLY

Yellow copy of the ticket shall be attached to this form

Date checked _____ Date action taken _____

Equipment repair supervisor _____

The meter has been checked and the following was found:

- () Meter was malfunctioning and the citation has been voided.
- () Meter was not malfunctioning and the citation is being returned to you for payment.

Please remit _____

Date _____

Complaint Officer _____