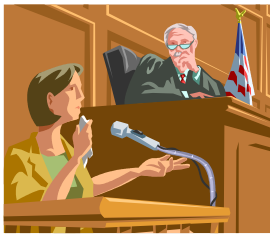

Parking & Traffic Violation

Citation Appeals Board

APPEALS MUST BE WITHIN (10) DAYS OF TICKET DATE

Name: _____ Student I.D. _____

Dorm and Room #: _____Cell Phone #: _____

Home Address: _____ City: _____State: _____

Zip Code: _____ Citation #: _____ Parking Permit#: _____

Reason For Appeal:

_____

_____

_____

_____

_____

_____

_____

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_____

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_____

_____

OFFICE USE ONLY

Number of Citations this Year: _____ **Number of Citations this Term:** _____

Number of Citations to Date: _____ **Most Prevalent Violations:** _____

APPEALS BOARD DECISION: **GRANTED** **DENIED** **DATE:**

NOTES:_____

_____

_____

_____