



**Campus Parking Citation Appeal**

*\*Denotes required field for acceptance*

**Full Name\*** \_\_\_\_\_

**COM ID or DL\*** \_\_\_\_\_

**E-Mail\*** \_\_\_\_\_

**Phone No.\*** \_\_\_\_\_

**Citation No.\*** \_\_\_\_\_

**Citation Issue date\*** \_\_\_\_\_

**COM Permit No.** \_\_\_\_\_

**Vehicle License\*** \_\_\_\_\_

**State Issuance\*** \_\_\_\_\_

**Make of Vehicle** \_\_\_\_\_

**Model of Vehicle** \_\_\_\_\_

Hearing Date: \_\_\_\_\_

**Final Disposition**

UPHELD

DISMISSED

*Appeals Committee Section*

**Briefly describe below any facts that will support your evidence and the appeal of your citation(s).**

Receiving Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Appeals Committee Section*

Appeals Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

ACCEPT \_\_\_ REJECT \_\_\_ VIOLATOR NOTIFIED \_\_\_

***Complete the form and print. Attach valid evidence, copy of citation, and citation payment receipt, and turn in to the campus police department (Bldg. 16)***