

TRAFFIC VIOLATION APPEAL

Please read the information on the reverse of this form BEFORE filling it out

Today's Date _____

Name _____ ID # _____

Local Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Phone (Local or Campus) _____

TICKET INFORMATION:

Ticket Number _____ Date Issued _____

Violation _____ Location of Violation _____

License Plate # _____ Permit # _____

REASON FOR APPEAL (see reverse for appeal reasons that will NOT be waived):

Signature

*****For Office Use Only*****

Appeal Granted _____ Appeal Denied _____ Date _____