



CITATION APPEAL



**APPEALS WILL BE EVERY WEDNESDAY AND THURSDAY FROM 1:00-3:00 PM
AT THE UNIVERSITY POLICE OFFICE.**

*Attach a COPY of citation to this form.

Citation #: _____

Appellant: _____

ID Number: _____

Vehicle Cited: _____

Vehicle License: _____

Location of Vehicle when Cited: _____

Citation Given: _____

Date Cited: _____ Time Cited: _____ Issued By: _____

Reason for Appeal: (Explain why you feel the citation should be amended and/or voided)

Appellant Signature

Date Submitted for Appeal

*To be completed by University Police

Meeting Date: _____

Decision: _____

Comments: _____

University Police