

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):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

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

Appeal Granted \_\_\_\_\_ Appeal Denied \_\_\_\_\_ Date \_\_\_\_\_