



Traffic Appeals

Type of Traffic Appeal: Check One

Written Verbal Faculty/Staff Law School

Today's Date: _____

Name: _____ Phone Number: _____ (circle one) Cell/Home/Work

E-mail Address: _____ (method by which you will be notified of the disposition)

ID #: _____

Ticket #: (attach to this form): _____ Parking Decal #: _____

Vehicle Information:

License Plate#: _____ State of Registration: _____

Parking Status: Select One

- Gateway Commonwealth/LaRiviere/Plymouth Quad/Windham Evergreen
- Southwood Commuter Faculty/Staff

Have you submitted the citation and a typed/written statement? (Statements may be handwritten on the back of this form) **Select One:** Yes No

Have you been advised of the date, time, location of your appeal? (Will be listed on Connect2U) Yes No

Do Not Write Below This Line- OFFICIAL USE ONLY

Prior Violations: _____

Date Reviewed: ____/____/____ **Decision:** Responsible Not Responsible Partially Responsible

Fine: _____ To be assessed To be credited

Notes:
