CITATION APPEAL FORM

Board of Review Policies and Procedures:
- You may appeal a citation only one time.
- The Citation Appeal Form must be completed, signed, and filed in the Cashier’s Office within 5 days of the date of issuance. Appeals beyond that date will not be considered.
- Individuals requesting a review are responsible for providing documentation to support the appeal. Otherwise, the Board of Review will be strongly inclined to accept the testimony of the ticketing officer as convincing evidence.
- Your attendance at the Board of Review is not necessary. If you choose to be present, however, you are responsible for your attendance.
- Board of Review decisions will be emailed to the person making the appeal.

__________________________________________  _________________________________________________
Student Name  Student ID/SSN

__________________________________________  _________________________________________________
Street Address  City  State  Zip

__________________________________________  _________________________________________________
Email  Telephone Number

Ticket Number:  Date Issued:  ______________________________________

Reason(s) for appeal (attach additional documentation if necessary):  ______________________________________

__________________________________________  _________________________________________________
__________________________________________  _________________________________________________
__________________________________________  _________________________________________________

Signature:  _____________________________  Date:  _____________________________

For Office Use Only

Appeal Approved  ☐ Yes  ☐ No
Comments:  ____________________________________________________________

Date of Review:  _____________________________  Review Chair Signature:  _____________________________

Date of email notification:  _____________________________  Signature:  _____________________________  Date:  _____________________________