

CITATION APPEAL FORM

(PLEASE PRINT CLEARLY)

Name: _____ Student #: _____

Email: _____ Phone: _____

Ticket #: _____ Date Ticket Issued: _____ License Plate #: _____

Licensed State: _____ Address: _____

City: _____ State: _____ Zip: _____

**In the space below, please articulate the reason that would qualify you for a dismissal.
(Continue on back of sheet if necessary)**

***My signature certifies I have read and acknowledged the Phoenix College Parking and Traffic Violations Policy and Procedures and that the abovementioned statement of appeal is true and correct*

SIGNATURE: _____ DATE: _____

You will have a response via email or phone within 10 business days

DO NOT WRITE BELOW THIS LINE

JUDGEMENT INFORMATION (OFFICIAL USE ONLY) :		
DENIED <input type="text"/>	DISMISSED <input type="text"/>	REDUCED <input type="text"/>
(pay within 15 business days)	(fine removed)	(fine modified pay within 15 business days)
Official Remarks: _____		

Reviewed By:		Reviewed Date:

