



# Christian Brothers University

## Parking Citation Appeal Form

NOTICE: All persons have the right to appeal any parking citation within **ten (10) class days of issuance**. To file and appeal, complete this form and bring it to the Department of Campus Safety.

IMPORTANT: Incomplete forms cannot be processed. Complete information will be necessary for an accurate, timely ruling. A separate form is required for each citation you are appealing. Initial appeals will be reviewed by the Director of Campus Safety each Monday and will be available the next day unless the matter needs further consideration and the appellant will be notified of such. Results of the appeal may be picked up at the Department of Campus Safety or you may request the results be emailed to you.

Date: \_\_\_\_\_ Vehicle License#: \_\_\_\_\_ State: \_\_\_\_\_

Appellant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

Citation #: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENTS ONLY:**

Should your appeal be denied by the Director of Campus Safety you will be given the opportunity to appeal the citation to the Dean of Students.

The following is a complete description of my case:

I affirm that the foregoing information is true and correct:

Signature: \_\_\_\_\_ Date \_\_\_\_\_