

# TWU PARKING CITATION APPEAL FORM

FOR OFFICE USE ONLY: CLERK \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PLEASE PRINT

NAME \_\_\_\_\_

TWU FAC/STAFF ID # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STUDENT COLLEAGUE # \_\_\_\_\_

APARTMENT NUMBER \_\_\_\_\_

DATE OF APPEAL \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

TICKET DATE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

TICKET # \_\_\_\_\_

DRIVER LIC. # \_\_\_\_\_ ST. \_\_\_\_\_

VEHICLE LIC. PLATE # \_\_\_\_\_

CURRENT TWU PERMIT Y/N

VIOLATION \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_

STUDENT  STAFF  FACULTY  WELLNESS CENTER MEMBER  VISITOR

**NOTE:** It is your responsibility to inform the parking office of any address changes that will affect the delivery of the disposition of this appeal.

DESCRIBE BELOW THE INCIDENT WHICH YOU BELIEVE WARRANTS AN APPEAL TO THE UNIVERSITY TRAFFIC APPEALS BOARD.

OFFICE USE ONLY

Comment: \_\_\_\_\_