

(Please attach your traffic violation notice here)



TRAFFIC VIOLATION NOTICE APPEAL FORM

Security Office Use Only Received: _____ By: _____

Date: _____

A traffic violation appeal must be submitted within 5 working days from the date the ticket was issued. No appeal shall be accepted following the 5th working day. (WAC 132E-16-230)

Instructions: Complete all sections of this form. Your signature is required.

This form will be forwarded to the Director of Campus Safety for review and decision within 8 working days from the date the appeal was received by the Security Office staff.

NAME _____ SID # _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE: CELL / HOME _____

PARKING PERMIT NUMBER _____ QUARTER ISSUED _____

VEHICLE MAKE _____ VEHICLE MODEL _____ LICENSE NUMBER _____

DATE TRAFFIC VIOLATION NOTICE ISSUED _____

LOCATION OF VEHICLE WHEN NOTICE ISSUED: (Attach a separate sheet to include diagram if appropriate)

APPEAL STATEMENT _____

I affirm that this statement is true and accurate to the best of my recollection.

Signature

Decision by the Director of Campus Safety:

- Sustained
 Sustained Warning
 Not Sustained
 Unfounded/Dismissed

Comments:
