

UNIVERSITY OF SOUTHERN INDIANA
APPEALS COMMITTEE
TRAFFIC CITATION APPEAL

I wish to appeal the parking/traffic citation noted below:

NAME: _____ PHONE: _____

CITATION #: _____ DATE ISSUED: _____

VIOLATION: _____

LOCATION: _____

I wish to appeal this citation for the following reasons:

I hereby certify that the preceding information is true and correct to the best of my knowledge.

Signature

Date

The preceding information will be used in determining the validity of your appeal

FOR OFFICIAL USE ONLY

Date Received: _____

Appeal Approved

Disapproved

Signature

Date