

Office Use Only

Valid Decal

- Yes No
- Envelope attached

Violation Appeal Form

Choose one: Visitor Faculty/Staff Student _____
 Sub Classification



Date: _____ ID #: _____

NAME: _____ Phone: _____
Legibly Write Your Full Name i.e. John Paul Jones

Home Address: _____
Street City State Zip Code

Campus Address (If Applicable): Residential Hall: _____ Room #: _____ Mailbox #: _____

Decal No. & Type: _____ COMM RESI EVEN

Ticket Incident Information: Please fill in the below information as it appears on your parking ticket.

Ticket #:	Incident Date:	Incident Time:	Incident Location:	Fine Amount:

Vehicle Info: _____
License Plate # State Make/Model/Color Year

Type or Write Your Statement Below: (Be Specific)

If Necessary, Continue on the back....

Stipulate Specific Action Requested and Why: _____

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I attest that all documentation I have submitted with this form is true and accurate. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my appeal.

Signature of Applicant: _____ Date: _____

(Unsigned applications will not be processed)

Submitted Documents (* Required): Check all that apply

Attach Parking Ticket* Self-addressed Stamped Envelope* Supporting Evidence (Optional)

Mail or Hand Deliver to:

**SAU Campus Police Department
 1315 Oakwood Avenue
 Raleigh, NC 27610**

SAUCPD Use Only

Check all that apply and write in amounts

Has the defendant ever received a ticket for the same offense/s being appealed? Yes No
 Number of Previous: _____ Citations and/or _____ Warnings issued. Outstanding parking fines \$ _____.

Appeals Committee Use Only

Action Taken:	<input type="checkbox"/> Appeal Denied	<input type="checkbox"/> Appeal Granted
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Reason:

Appeals Chairperson: _____ Date: _____

