

Citation Appeal Form

This letter constitutes a request that the following violation(s) be reviewed for validity and intent on behalf of the operator of the vehicle listed below. I understand that if the violation(s) is/are found to be accurate and true, I will be responsible for the violation charge(s). Late charges will be assessed if this appeal is not filed within five working days.

*Please e-mail the completed appeal form to publicsafety@berea.edu

Bolded areas are for personnel use only.

Date: _____

Owner: _____

Operator: _____

B#: _____

Address or CPO: _____

Telephone #: _____

Vehicle License #: _____

Citation(s) #: _____

REASON FOR APPEAL:

PERSONNEL USE ONLY: Date Received: _____ **Time:** _____ **Initials:** _____

CITATION HISTORY:

RESPONDING OFFICER'S STATEMENT:

REVIEW BOARD'S DECISION: PAY: **VOID:** **DATE:** _____

REASON UPHELD/VOIDED:

DATE LETTER SENT: _____

BY: _____