Traffic Appeal Request

COPY OF CITATION MUST BE ATTACHED

To: Traffic Appeals Committee FAX: 214-648-9601

I request a hearing concerning the following traffic/parking citation: (PLEASE WRITE LEGIBLY)

1 3 3	1 0 1	, , , , , , , , , , , , , , , , , , ,
Name:	Date:	Phone #
	Please Address:	
Citation #:	Provide Student B	ox #:
	One Mail Code	:
State ALL reasons for appeal. Decision will be based on explanation		
If necessary, use back of paper.		
I request to appear before the Traffic Appeals Committee: (CIRCLE ONE) YES NO Circle "YES" ONLY if you choose to be present when your appeal is discussed.		
FOR OFFICE USE ONLY		
I OK OIT	ICE USE ONE!	
Hearing Date:		
		Chairperson
Action taken by Traffic Appeals Committee: (CH	ECK DECISION)	
REDUCE to WARNING	VOID citation	PAY citation
Appeal Enter Date	Verdict Enter Date	Notification Date
Entered By	Entered By	Notified By