Traffic Appeal Request

To: **Traffic Appeals Committee**
5323 Harry Hines Blvd.
Dallas, TX 75390-9026
Fax: (214) 648-9601

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

Name:	**Date:**	**Dept Phone #:**
Citation #:	***Please Provide One*** **Mail Code:** _____ **Student Box #:** _____ **Address:**	

State ALL reasons for appeal. Decision will be based on explanation.

If necessary, use separate sheet 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

Hearing __/ /__ _____
Chairperson

Action taken by Traffic Appeals Committee: (CHECK DECISION)

_____ **REDUCE to WARNING**	_____ **VOID citation**	_____ **PAY citation**
_____ **Appeal Enter Date**	_____ **Verdict Enter Date**	_____ **Notification Date**
_____ **Entered By**	_____ **Entered By**	_____ **Notified By**