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)**

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

Hearing Date: ____/____/____ _____

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