



ALAMO COLLEGES

Send to: **Campus Citation Appeals Committee** at
Campus Where Citation Was Issued (see below).

CITATION APPEAL FORM

Personal Information

Full Name (Last, First, Middle):	Driver's License State/Number:	Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address (Number, Street, City, State & Zip):		Return Email Address:
<input type="text"/>		<input type="text"/>
Student/Faculty/Staff/Administrator/Visitor:	Banner Number:	Parking Permit Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Campus Citation & Vehicle Information

Citation Number:	Date Issued:	Violation Number:	Citation Issued at Which Campus:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Make of Vehicle:	Model of Vehicle:	License Plate Number:	Color of Vehicle:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

State your reason for appealing this Citation (A separate Appeals Form must be submitted for each Violation listed):

Please read and take note: By submitting this form, I understand that appeals will not be accepted more than 10 days after the issuance of the Campus Citation. I also understand that the decision of the Chief of Police and/or the Appeals Committee is **FINAL**.

Submit this form as an EMAIL ATTACHMENT to the appropriate email address listed below:

- | | |
|---|---|
| San Antonio College – sac-citationappeal@alamo.edu | Palo Alto College – pac-citationappeal@alamo.edu |
| St. Philip's College – spc-citationappeal@alamo.edu | Northwest Vista College – nvc-citationappeal@alamo.edu |
| Southwest Campus – spc-citationappeal@alamo.edu | Northeast Lakeview College – nlc-citationappeal@alamo.edu |

Failure to provide a valid return email address or FAX Number will result in rejection of the appeal request.

NOTE: For any inquiries regarding your appeal, send an email to the listed above email address. Once the decision is made by the Appeal Committee, it is FINAL.

FOR CAMPUS CITATION APPEALS COMMITTEE USE ONLY:

Comments:

- Appeal Denied** **Citation Dismissed**

Appeals Committee Representative Name: or Police Department Representative: Name: Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------