

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

CITATION APPEAL FORM

Full Name (Last, First, Middle):	Personal Information Driver's License S	_
Home Address (Number, S	reet, City, State & Zip):	Return Email Address:
Student/Faculty/Staff/Administrator/Visit	or: Banner Number:	Parking Permit Number:
Car Citation Number: Date Issued:	npus Citation & Vehicle Info Violation Number:	ormation Citation Issued at Which Campus:
Make of Vehicle: Model of Vehicle:	License Plate Number:	Color of Vehicle:
State your reason for appealing this Citation	on (A separate Appeals Form must	be submitted for each Violation listed):
	stand that the decision of the Chief of	Police and/or the Appeals Committee is FINAL .
San Antonio College – sac-citationappeal@ala	amo.edu Palo Alto College –	oriate email address listed below: - pac-citationappeal@alamo.edu llege – nvc-citationappeal@alamo.edu
St. Philip's College – spc-citationappeal@alar Southwest Campus – spc-citationappeal@alar	no.edu Northeast Lakeview	r College − <u>nlc-citationappeal@alamo.edu</u>
Failure to provide a valid return email address NOTE: You must personally contact the Desubmission of appeal, for appeal committe	partment of Public Safety within TE	EN (10) working/school days, from the date of
	JS CITATION APPEALS COMMI	
Comments.		
Appeal Denied	☐ Citatio	n Dismissed
Appeals Committee Representative	Name: or Police Department	Representative: Name: Date: