

Citation Appeal Form

NOTICE:

All appeals to the Traffic Appeals Committee must be made within ten (10) days of the date the citation was issued. Appeals may be submitted in person or mailed to the Department of Public Safety, at either office location. The copy of the citation must be submitted with this appeal.

1101 Sherman Drive Academic Building, room 106 Utica, New York 13501 1101 Floyd Avenue Plumley Complex, room 118 Rome, New York 13440

To: Chairman, Traffic Appeals Committee

| Date of Citation: | Date of Appeal: | |
|---|--------------------------------------|------|
| Name: | M#: | |
| Home Address: | City/State: | Zip: |
| Vehicle License Plate: | Citation #: | |
| () I WISH TO APPEAR IN PERSON BEFORE THE COMMITTEE () I DO NOT WISH TO APPEAR IN PERSON BEFORE THE COMMITTEE I understand that all decisions of the committee are final, and if denied, the citation must be paid within ten (10) days from the postmarked date the notification, or the fine will double. I request the penalty of the imposed violation of the campus traffic/parking rules and regulations as per attached parking/traffic violation be waived for the following reason(s): | | |
| Signature: | Date and Tim- | e: |
| Traffic Appeals Committee Use Only | Department of Public Safety Use Only | |
| Petition GRANTED () Date: | Date Received: | By: |
| Petition DENIED () Date: | Date Received: | By: |
| Remarks: | | |
| Signed: Committee Chairperson | Date: | |