

Appeal # _____

Saint Mary's College Public Safety **PARKING CITATION APPEAL FORM**

WARNING: This appeal form must be submitted within 14 days from date shown on your citation. Submit your appeal to our Siena Hall office or mail to: Public Safety, Saint Mary's College, PO Box 3111, Moraga, CA 94575. **IMPORTANT: A Self Addressed Stamped Envelope must accompany this form.** The decision of this appeal will be mailed to you in the self addressed stamped envelope you provide. No other forms, letters, notes, etc. can be substituted for the appeal form. Only one citation per appeal. The first appeal of the school year is free of charge. Thereafter, there is a \$10 administrative fee for each additional appeal.

YOU MUST PRINT CLEARLY

If this form is not legible and **ALL** sections are not completed your appeal **WILL BE DENIED.**

PLEASE RETAIN YOUR CITATION

CITATION INFORMATION

Today's Date _____ Date of Citation _____ Appeal Date _____
(14 days after date of citation)

Citation number you are appealing _____ Location of Violation _____

ID # of issuing Officer _____ Violation(s) _____ Total fine amount \$ _____

License Plate _____ State of Issue _____ SMC Permit # _____

Vehicle Make _____ Model _____ Color _____

CITATION APPEAL SUBMITTED BY

Name _____ Student ID Number _____
First _____ MI _____ Last _____

PO Box or Street Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Reason(s) you feel this citation should be dismissed or the fine reduced:

You may continue on the back of this form _____

I certify that the information provided on this form is true, correct and valid – **Signature** _____

Disposition (*Office use only*)

Dismissed Denied Fine Reduced Other _____

APPEALS OFFICER _____ **DATE** _____

Updated Parking Permit/Ticket Database Appeal Citation Response Sent _____