

Citation Appeal Form

Circle One: **STUDENT** **EMPLOYEE** **GUEST***

Name: _____ **Phone:** _____

Linfield ID #: _____ **Permit #:** _____

Email: _____ **Citation #:** _____

Date of Citation: _____ **Plate #** _____

***Name of student/employee visiting:** _____

Please review the Linfield Parking Policy for further information

There are two reasons to appeal a citation: 1- Improper citation 2 - Extenuating circumstances

Yes **No**

Are you appealing the violation?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you appealing the amount of the fine?	<input type="checkbox"/>	<input type="checkbox"/>	

Brief Explanation: _____

	Yes	No	
Appeal Received within 15 days?	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Lane Violation?	<input type="checkbox"/>	<input type="checkbox"/>	
Disabled Parking Violation?	<input type="checkbox"/>	<input type="checkbox"/>	
		#	
How many times previously cited/warned for same violation?		<input type="checkbox"/>	
How many total previous parking violations?		<input type="checkbox"/>	
	Yes	No	%
Violation Upheld?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penalty Reduction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Total Penalty Amount:	Penalty 1 \$ _____	Penalty 2 \$ _____	Total: \$ _____
	Penalty 3 \$ _____	Penalty 4 \$ _____	

Director's Signature _____ **Date** _____

Admin Officer: R/E Updated: _____ Email Sent: _____ Date Billed: _____