

Hearing Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

**In-person only**  
**First-come, First-served**



# EPCC POLICE DEPARTMENT

## CITATION APPEAL FORM

Fill in all requested information and turn in form to the nearest EPCC Police Traffic Office. Appeals must be received within ten (10) business days of the citation issue date. It is the responsibility of the appellant to ensure accuracy of the form. Incomplete forms will not be processed.

Student     Staff     Faculty     Visitor

To: **TRAFFIC COURT COMMITTEE**

Date: \_\_\_\_\_

From: Full Name: \_\_\_\_\_

EPCC ID# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone#: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

CITATION #	LICENSE PLATE #	STATE	VIOLATION DESCRIPTION	VIOLATION DATE	CAMPUS
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I would like to request a hearing for the citation(s) above in the manner checked below:

I will appeal in person.

I am submitting a written appeal.

I waive my rights to accept a warning for the citation

**Appellant's Statement:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Attach citation(s) and supporting evidence to this form. Please keep a copy of all documents. You will be notified in writing of the Committee's decision. Bring your copy of this form along with any supporting documents, if you are appealing in person.

Received by: \_\_\_\_\_