



VEHICLE REGISTRATION DEPARTMENT CITATION APPEAL FORM

HEARING DATE: _____

Please fill in all requested information and return to the nearest Vehicle Registration Office or email to traffic.office@epcc.edu. It is the responsibility of the appellant to ensure accuracy of the form. Appeal must be received within ten (10) business days of citation issue date. Complete in **black** or **blue Ink**. ***Appeals that are submitted after the 10-day period or are incomplete will not be considered for review***

Student

Staff

Faculty

Visitor

To: **Parking and Traffic Citation Appeals Committee**

Date:

From:

EPCC ID#

Address:

City:

State:

Zip Code:

Home Phone#: ()

E-mail:

CITATION #	VEHICLE LICENSE PLATE #	STATE	VIOLATION DESCRIPTION	DATE OF CITATION	CAMPUS

I would like to request a hearing for the citation(s) above in the manner checked below:

I am submitting a written appeal.

☐

I wave my rights to accept a warning for citation.

Signature: _____

Date: _____

NOTE: Attach citation(s) and evidence supporting the appeal. Please keep a copy of all documents. You will be notified in writing of the Committee's decision.

FOR OFFICE USE ONLY

Received by:

Date:

Name:

EPCC ID#



El Paso
Community
College

VEHICLE REGISTRATION DEPARTMENT

CITATION APPEAL FORM

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