



BERRY COLLEGE POLICE DEPARTMENT

TRAFFIC APPEAL FORM

APPEAL FORM MUST BE RECEIVED BY THE PARKING SERVICES OFFICE NO LATER THAN FIVE (5) BUSINESS DAYS FROM WHEN THE CITATION IS WRITTEN

APPELLANT INFORMATION

NAME: _____ ID NUMBER: _____

CLASSIFICATION: FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE

P.O. Box: _____ CITATION # _____

CITATION DATE/TIME _____ LOCATION _____

VEHICLE INFORMATION

BERRY DECAL#: _____ MAKE: _____ MODEL: _____

VEHICLE TAG#: _____ STATE: _____

CASE DESCRIPTION

THE FOLLOWING IS A COMPLETE DESCRIPTION OF THE DETAILS OF MY CASE.

I HEREBY AFFIRM THAT THE AFOREMENTIONED INFORMATION IS TRUE AND CORRECT. I UNDERSTAND FULLY THAT IF MY WRITTEN REQUEST DOES NOT SATISFACTORILY INDICATE THAT THERE WERE EXTENUATING CIRCUMSTANCES REGARDING THE VIOLATION, THE BOARD RESERVES THE RIGHT TO DENY SAME WITHOUT A HEARING.

APPEARANCE _____ SIGNATURE/DATE _____

I DO _____ DO NOT _____ WISH TO APPEAR AT THE HEARING.

APPEALS PANEL MEETING
DATE _____ PLACE _____ TIME _____

DECISION AND DISPOSITION OF APPEAL
DENIED _____ APPROVED _____

NAME: _____
ADDRESS: _____
DATE: _____ CHAIRPERSON: _____