| Clark College Security/Safety Department Traffic-Parking Citation Appeal Form | | | | | |
|---|---------------------------------|--|--|--|--|
| | For Office Use Only | | Only | | |
| | | PRIORS: | NONE | ATTACHED | |
| Faculty/Staff | | Visitor | | | |
| Date of Citation | | Citation# | | | |
| Email | | | License Plate # | | |
| Name | | | Student ID# | | |
| | | | | | |
| State | Zip | | Phone# | | |
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| Where were you parked? What kir | | | nd of vehicle were you driving? | | |
| | | | | | |
| | Faculty/Staff Date of Citation | Faculty/Staff Date of Citation State Zip | Faculty/Staff Date of Citation Lic State Zip | For Office Use PRIORS: NONE Faculty/Staff Visitor Date of Citation Citation# License Plate # Student ID# | |

Please fill out the form completely. Two ways to submit the form: Click Print and return a printed copy to Security at mailstop, GHL 118 or send file as an attachment by clicking the E-mail icon on the ribbon.



Please Note - Incomplete forms will not be processed.