

FERRUM COLLEGE
Traffic and Parking Appeal

Please fill out the Appellant's Information below.

Appellant's name: _____ Date: ___/___/___

ID#: _____

Residence Hall: _____ Room #: _____ Telephone: _____

Offense Date/Time: ___/___/___ (^{a.m.} p.m.)

Offense: _____

Reason(s) for appeal: _____

**(If more space is needed, use an additional plain white sheet of paper.)

Please refer to your Ferrum College Student Handbook for parking regulations on campus.

APPEALS MUST BE WITHIN TWO WEEKS UPON RECEIVING CITATION, AND MUST BE COMPLETELY FILLED OUT BEFORE YOUR REQUEST FOR AN APPEAL CAN BE PROCESSED.

Do not write below this line. (OFFICE USE ONLY)

Date of citation: ___/___/___ Time of citation: _____ (^{a.m.} p.m.)

Citation #: _____ Decal #: _____ License #: _____

Number of Previous Appeal(s): _____ Number of Previous Citations: _____

Your appeal has been reviewed

You are hereby advised:

___ **Approved.** Your appeal has been approved. Ferrum College Police Dept. will adjust your record accordingly.

___ **Waived.** Ferrum College Police Dept. finds you in violation of the Motor Vehicle Regulations, but your penalty has been waived.

___ **Denied.** Your appeal has been denied. You are to pay the fine indicated.