



PRINT CLEARLY: FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

# Traffic/Parking Citation Appeal

Shoreline College, Attn: Campus Safety Department  
16101 Greenwood Avenue North, Shoreline, WA 98133 • (206)546-4633

**Please print clearly. Driver of Vehicle must complete all requested information.**  
Please e-mail completed form (with a copy of photo ID and the citation) to: [safetyandsecurity@shoreline.edu](mailto:safetyandsecurity@shoreline.edu)

Up to three citations on this form.	Citation 5 Digit Number(s)	Citation Date	Penalty Amount
			\$
			\$
			\$

Today's date (mm/dd/yyyy):		Is this your first appeal? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Driver's Last Name	First name	Initial	CTCLink ID#:
Address: number and street		Apt. number	License Plate #: State:
City, State	ZIP Code:	Cellphone #: ( )	E-mail Address:

**Please type or print your appeal below. If you need additional space, use the back of this form.**

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**I understand that it is my responsibility to check on the status of my appeal and that I will not be notified by the College. I certify that to the best of my knowledge all statements on this form are true.**

✕ \_\_\_\_\_  
Driver's Signature Date

CAMPUS SAFETY DEPARTMENT USE ONLY	
Action Taken: <input type="checkbox"/> Reduced _____ <input type="checkbox"/> Suspended with warning <input type="checkbox"/> Stands <input type="checkbox"/> Dismissed	
<input type="checkbox"/> WAC132G-116-225 A Valid Parking Permit Is Mandatory, Must Be Properly Displayed	
<input type="checkbox"/> WAC132G-116-135 Designated & Assigned Parking	
Additional Comments:	✕ _____ Signature of Campus Safety Director/O.I.C. (Officer in Charge) Date
	✕ _____ Driver's Signature After Review Date
	<input type="checkbox"/> See Photos Attached