



PRINT CLEARLY: FIRST NAME _____ LAST NAME _____

Traffic/Parking Citation Appeal

Shoreline Community 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

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

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.

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: <input type="checkbox"/> See Photos Attached	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> _____ Signature of Campus Safety Director/O.I.C. (Officer in Charge) Date </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> _____ Driver's Signature After Review Date </div>