



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

# Traffic/Parking Citation Appeal

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

**Please print clearly. Driver of Vehicle must complete all requested information. Refer to the citation for details to fill in the form.**

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	Student ID #:
Address: number and street		Apt. number	License Plate #: State:
City, State	ZIP Code:	Day phone number ( )	Evening phone number ( )

**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

SAFETY & SECURITY 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:	<p style="text-align: center;">             Signature of Safety and Security Director/O.I.C. (Officer in Charge)         </p> <p style="text-align: right;">Date</p> <p style="text-align: center;">             Driver's Signature After Review         </p> <p style="text-align: right;">Date</p>
<input type="checkbox"/> See Photos Attached	