Shoreline COMMUNITY COLLEGE

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.

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 ☐ NO ☐

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

SAFETY & SECURITY DEPARTMENT USE ONLY

Action Taken: ☐ Reduced _____ ☐ Suspended with warning ☐ Stands ☐ Dismissed

☐ WAC132G-116-225 A Valid Parking Permit Is Mandatory, Must Be Properly Displayed

☐ WAC132G-116-135 Designated & Assigned Parking

Additional Comments:

☐ See Photos Attached

✖ _____
Signature of Safety and Security Director/O.I.C. (Officer in Charge) Date

✖ _____
Driver's Signature After Review Date

SS-050912

Shoreline Community College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, religion, national origin, age, marital status, gender, sexual orientation or disability.