

**ASHEVILLE BUNCOMBE TECHNICAL COMMUNITY COLLEGE
TRAFFIC AND PARKING APPEALS FORM**

FORMS MUST BE RETURNED TO SECURITY WITHIN 48 HRS. OF THE ISSUE DATE ON THE CITATION.

IS THIS VEHICLE REGISTERED IN YOUR NAME? YES NO

IF NO, GIVE REGISTERED OWNERS NAME, ADDRESS, AND RELATIONSHIP TO YOU BELOW.

OWNER'S NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

YOUR NAME: _____ **YOUR STUDENT ID#:** _____

YOUR ADDRESS (Where you want your response mailed): _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____

ARE YOU: FACULTY/STAFF STUDENT Program _____ OTHER

ENTER THE FOLLOWING INFORMATION FROM YOUR COPY OF THE CITATION.

DECAL NUMBER: _____ **DATE ISSUED:** _____

TAG NUMBER/STATE: _____ **CITATION NUMBER:** _____

STATE YOUR REASON FOR THIS APPEAL BELOW (Attach additional pages if needed):

I AFFIRM THIS STATEMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ **DATE:** _____

FOR OFFICIAL USE ONLY

REMARKS: _____

DISPOSITION: GRANTED DENIED OTHER

SIGNATURE: _____ **DATE:** _____

Director or Associate Director of Security

AFFIRMED REVERSED

REMARKS: _____

SIGNATURE: _____ **DATE:** _____

Vice President, Student Services