



**Campus Police and Security  
Parking Violation Appeal  
Request Form**

To: Chief of Campus Police and Security

Re: Request to rescind/cancel Parking Citation

Requester's Name:

University Identification Number:

Home Address:

Street/Po Box

City

State

Zip Code

Telephone Number:

License Plate Number:

State:

Make/Model/Year/Color:

Location of Violation:

Reason for Citation:

Date of Violation: [Click here to enter a date.](#) Amount of Fine:

What is the reason or basis for your appeal? Why do you think you, were wrongly cited?

**Please attach a copy of the citation. The appeal will not be processed without a copy of the citation.**

**Note: You must call 919-546-8214 or come to Campus Police and Security no later than five business days from the date the appeal was requested, for the disposition. All decisions are final.**

**Official Use Only Below**

Appeal Approved No Further Action       Appeal Denied Present to Cashier's Office for Payment

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Chief of Police/Chief's Designee