



# Virginia Western Community College Campus Police Department



Craig S. Harris, Chief of Police

## "RIGHT OF APPEAL" APPLICATION (One application must be filled out for each citation)

The right of appeal application must be filled out and submitted within a period of seven (7) business days of the issued violation. This timeline is inclusive of the date in which the ticket was issued.

APPEAL OF PARKING TICKET #: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

APPELLANT TYPE:  STUDENT  FACULTY  STAFF  VISITOR  CONTRACTOR

NAME: \_\_\_\_\_ STUDENT ID/ EMPL ID #: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_ STATE OF REGISTRATION: \_\_\_\_\_

**(Please specify accurate mailing address to which notifications/information should be forwarded)**

ADDRESS: \_\_\_\_\_  
Street City/State Zip Code

TELEPHONE: ( ) \_\_\_\_\_ ALTERNATE PHONE: ( ) \_\_\_\_\_

**I REQUEST A REVIEW OF THE ABOVE REFERENCED TICKETED VIOLATION FOR THE REASON(S) STATED BELOW. I UNDERSTAND THAT I WILL BE INFORMED BY MAIL OF THE DECISION OF THE CHIEF OF CAMPUS POLICE OR DESIGNEE.**

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.....  
.....

\_\_\_\_\_ (ADD ATTACHMENTS AS NECESSARY)

I CERTIFY THAT THE ABOVE (AND ATTACHED) STATEMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Petitioners Signature Date

FOR PARKING APPEAL OFFICIAL USE ONLY	
<input type="checkbox"/> *APPEAL, DENIED, FAILURE TO FILE WITHIN PRESCRIBED TIME	<input type="checkbox"/> APPEAL DENIED, FINE IMPOSED \$ _____
<input type="checkbox"/> *APPEAL DENIED, FAILURE TO APPEAR (NO SHOW)	<input type="checkbox"/> APPEAL GRANTED _____ DATE

\_\_\_\_\_  
Chief of Police or Designee Date

\* FAILURE TO FILE AN APPEAL APPLICATION WITHIN THE PRESCRIBED TIME AND/OR FAILURE TO APPEAR BEFORE THE APPEAL OFFICIAL WHEN REASONABLY REQUESTED TO DO SO ARE GROUNDS FOR AUTOMATIC APPEAL DENIAL. PLEASE ATTACH A COPY OF YOUR TICKET TO THIS APPLICATION AND SUBMIT TO THE POLICE OFFICER ON DUTY, CONTACT BY CALLING 857-7979 OR DROP APPEAL DIRECTLY AT THE CAMPUS POLICE DEPARTMENT LOCATED WITHIN THE COLLEGE SERVICES BUILDING.