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.

.....

.....

.....

.....

.....

..... (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

☐ *APPEAL, DENIED, FAILURE TO FILE WITHIN PRESCRIBED TIME

☐ APPEAL DENIED, FINE IMPOSED $ _____

☐ *APPEAL DENIED, FAILURE TO APPEAR (NO SHOW)

☐ 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.