



**TRAFFIC
CITATION APPEAL**

Traffic Citation Number _____

Citation Date _____

PLEASE PRINT

Name _____
Last First Middle

Relationship to Guilford College: Faculty Student Staff Visitor

Email Address: _____

Address: _____
City State Zip Code

G# _____ Vehicle License # _____ State _____

Phone (Home) _____ (Work) _____

I appeal the traffic citation, as described above, for the following reason, fully realizing the only proper basis for an appeal is a contention that the cited regulations were NOT violated. I understand that my appeal will be reviewed by the Director of Public Safety, and an email response will be sent based on the outcome. If my appeal is denied by the Director, I understand that the failure to pay this citation will result in charges being added to my student accounts (students), payroll deduction (faculty and staff), or billed to the vehicle owners (visitors).

I certify that the above statement is true to the best of my knowledge.

Signature _____

Date _____

FOR OFFICE USE ONLY

Review Date: ___/___/___

Chairperson _____

Action taken by Traffic Appeals Committee: (CHECK DECISION)

_____ **REDUCE to WARNING**

_____ **VOID Citation**

_____ **\$ PAY or REDUCE Citation**

NOTES _____
