

TAMUCT
Citation Appeal Form

APPELLANT INFORMATION (Please print - This will be used to mail the adjudicator's decision.)

Student ID No.: _____

Today's Date: _____

Citation No. _____

License Plate: ()
State

Phone: () _____

NAME _____

Student Visitor
 Employee
(Dept. _____)

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

FOR OFFICIAL USE ONLY:
ADJUDICATOR'S DECISION:

Adjudicator's Decision	Denied <input type="checkbox"/>
	Reduced <input type="checkbox"/>
Refund: _____	Granted <input type="checkbox"/>

Comments:

If the appeal is reduced or granted, all refunds will be mailed through Business Services and may take 4-6 weeks.

Appeal Date: _____ Time: _____ Place: _____

CITATION APPEALS PANEL DECISION:

Appeals Panel Decision:	Denied <input type="checkbox"/>
	Reduced <input type="checkbox"/>
Refund: _____	Granted <input type="checkbox"/>

Comments:

Chairperson Signature: _____ Date: _____

THE DECISION OF THE CITATION APPEALS PANEL IS FINAL.

