## Winston-Salem State University Parking Citation Appeal Form

NAME:		BANNER ID:		DECAL NUMBER:	
CITATION DATE:	CITATION NU	JMBER:		○ EMPLOYEE ○ VENDOR	○ STUDENT ○ VISITOR
CITATION LOCATION:					
CITATION VIOLATION:					
LICENSE PLATE NUMBER: LICENSE PLATE STATE					
STREET ADDRESS:					
CITY:	STATE			ZIP CODE:	
PHONE (HOME)	PHONE (CE	ELL)		PHONE (WORK)	
PLEASE USE THE SPACE BELOW TO WRITE A DETAILED DESCRIPTION OF THE REASON FOR APPEALING YOUR CITATION:					
I CERTIFY THE FOREGOING STATEMENTS ARE TRUE AND CORRECT:					
Appellate Signature <b>DO NOT WRITE BELOW THIS LINE</b>					
Final Appeal Decision:					
SIGNATURE:					
SIGNATURE:					
SIGNATURE:					

Citations may be appealed within 10 calendar days of citation. You must be present to have your appeal heard by the committee. The committee has been appointed by the Chancellor and is comprised of several members including the Chief of Police, WSSU Employees, Board Members and the Student Government. The appeal meetings are heard one time per month on the second Wednesday beginning at 10 a.m. All decisions made by the committee are final. Appellate will be notified in writing of the decision made. Please print, sign and bring this form to the Public Safety Department located on Cromartie Street. For additional information, please contact Parking: 336-750-2905 and/or email to: wssuparking@wssu.edu