Medical College
of Georgia

VIOLATION CITATION APPEAL

NAME: _____ VIOLATION CITATION NUMBER: _____

CAMPUS ADDRESS: _____ CAMPUS PHONE: _____

I, _____, do hereby make formal appeal to the Parking Penalty Appeals Committee.

I appeal the above citation for the following reasons:

_____

_____

_____

_____

_____

_____

_____

_____

_____

I understand that my appeal will be heard on the basis of my written statement unless I make specific arrangements to appear before the committee at the time of the filing of this appeal. I further understand that if I fail to appear before the committee at the appointed time, my appeal will be heard on the basis of the written statement unless otherwise arranged with the chairperson of the committee.

PLEASE NOTE: The Parking Penalty Appeals Committee is not authorized to amend or change parking regulations. Its responsibility is limited to voiding the citation when it finds that the charge is in error or waiving fines when the committee feels that the circumstances were sufficiently extenuating so as to prevent the appellant from complying with the regulations.

SIGNATURE: _____ DATE: _____

********** **TO BE COMPLETED BY PARKING SERVICES / PUBLIC SAFETY** **********

DATE RECIVED: _____ DATE OF APPEAL HEARING: _____

DECISION: _____ PRESIDING: _____

PS 518 10/02