DENISON UNIVERSITY TRAFFIC AND PARKING CITATION APPEAL FORM

Name:	**ID #**	**Slayter Box #**
Please attach a copy of the citation(s). Please write legibly.		
Reason for Appeal:		

Citation Number(s) lower left corner of ticket	**Total Amount**	**Amount Being Appealed**

Appeal Board Use Only	
Amount Granted	Amount Denied

Appeal Board Use Only

Board Comments:

Student Accounts Use Only

Date Received:	Appeal Posted:	Determination Posted:	Copy of Determination Sent: