



MCCPD REQUEST TO APPEAL PARKING CITATION

•

twenty-one calendar (21)

Chief Review _____

Attach any documents you feel are necessary to help support your case (i.e. - copy of your disabled person ID, copy of a parking permit, etc.)

Citation Number _____ Issue Date _____

Citation received at _____

Date of Request _____ Vehicle License Plate # _____

Name _____ STUDENT SURF ID# _____

I am a _____

I declare under penalty of perjury that the facts are true and correct.

Signature _____ Date _____

Office Use Only:

Date Submitted: _____ Accepted By: _____

Date Entered: _____ Entered By: _____

