



Walla Walla Community College
Campus Safety and Security Department

Parking Citation Appeal Form

Parking Citation #: _____

Vehicle License Plate #: _____ Vehicle License Plate State: _____

Date of citation: _____ Violation: _____

Explanation:

Appeal Completed by: _____
Print Name Signature

Date: _____ Phone #: _____

THIS SECTION OF FORM TO BE COMPLETED BY CAMPUS SAFETY AND SECURITY DEPARTMENT

Appeal Reviewed by: _____
Print Name Signature

Date: _____

Status of Appeal: _____
Approved Denied Reduced

Applicant Notified by (Employee Initials): _____ Date Notified: _____