Citation Number _____

Central Michigan University
Police Department
989-774-3083
Parking Violation Appeal Form

Violation _____ **Date of Ticket** _____ **Time of Violation** _____

Vehicle Make _____ **License Plate No.** _____ **State** _____ **CMU Permit No.** _____

Location _____ **Officer I.D.** _____ **Date of Appeal** _____ **Time of Appeal** _____

Name (Please Print) _____ **Local Phone No.** _____

Local/CMU Address _____

Home Address _____

CMU Email Address _____

Upon completion of this form, you must turn it into the Parking Bureau (or drop box after hours) with the violation and payment (must be in the form of cash or check – NO credit/debit cards accepted). Persons who are not current students at CMU, and persons who are not employed by CMU or an affiliate do not need to turn in payment.

I do not feel liable for this violation because of the following circumstances:
(Please explain in detail.) ALL INFORMATION MUST BE CLEARLY PRINTED.

_____

_____

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_____

_____

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_____

Signature _____

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INVESTIGATION _____

_____

THIS APPEAL HAS BEEN **Accepted** ☐ **Denied** ☐

_____
Officer's Signature

_____
Employee Receiving Appeal

Date _____ **Notice Sent** _____

Type and Amount _____ **Fine** _____

Fine Due _____