

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

Citation Number _____ Violation _____ License Plate _____

Name (Please Print) _____ Local Phone No. _____

Local/CMU Address _____

Home Address _____

CMU Email Address _____

(you will be notified of the decision on your appeal via email)

Visitor Email Address _____

Upon completion of this form, you must turn it into Parking Services (or drop box after hours). Appeals will only be accepted for unpaid citations less than 14 days of the citation issue date.

I do not feel liable for this violation because of the following circumstances:
(Please explain in detail and print clearly).

Signature _____

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INVESTIGATION _____

THIS APPEAL HAS BEEN Accepted Denied

Employee Receiving Appeal

Date _____

Type and Amount _____

Officer's Signature

Notice Sent _____

Fine _____

Fine Due _____