

DATE RECEIVED \_\_\_\_\_

DPS PERSONNEL WHO RECEIVED \_\_\_\_\_

LINCOLN UNIVERSITY  
TRAFFIC AND SECURITY COMMITTEE

**\*\*APPEALS MUST BE FILED WITHIN SEVEN DAYS OF THE DATE OF CITATION\*\***

NAME: \_\_\_\_\_ SSN OR DATATEL ID # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE ZIP \_\_\_\_\_

TICKET# \_\_\_\_\_ DATE OF TICKET \_\_\_\_\_ VIOLATION 8.06 \_\_\_\_\_

PERMIT# \_\_\_\_\_ FACULTY \_\_\_\_\_ STAFF \_\_\_\_\_ STUDENT \_\_\_\_\_

DATE APPEAL WAS SUBMITTED \_\_\_\_\_

STATEMENT: I feel that my appeal should be given consideration because: \_\_\_\_ (type below) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that the above statement is true and accurate to the best of my knowledge:

\_\_\_\_\_  
SIGNATURE

\*\*\*\*\*

OFFICER COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
OFFICER'S SIGNATURE

**\*\*You will be notified of the Committees decision on your appeal by mail. The yellow copy of the ticket must accompany appeals forms.**

\*\*\*\*\*

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ REDUCED \_\_\_\_\_ WARNING \_\_\_\_\_

SIGNATURE OF CHAIRPERSON \_\_\_\_\_