

BRCC Parking Citation Appeal Form

Vehicle Owner: Please complete this form, attach the citation in question and forward to the Public Safety Office (Houff Student Center) within 10 calendar days of the violation.

- If the appeals committee votes in your favor, the citation will be voided.
- **If the appeal is denied, you have thirty (30) calendar days from the date on the original citation to pay the fine or an additional \$10 late fee will be applied.**
- Payment is to be made at the cashier's window in the Houff Student Center during regular business hours (M-F, 8:30AM-5:00PM).

Please check the box that applies, and complete all requested information: **PRINT CLEARLY**

Student Staff Faculty

Name: _____ Empl ID# _____

Address: _____
(street) (city) (state) (zip)

Telephone No: _____ Email for Notification: _____
You will be notified of the appeals committee's decision via email.

Citation No: _____ Parking Permit No: _____ License Plate No: _____

You may use the lines below to explain clearly and concisely the basis for your appeal (why you think you should not have been given or should not have to pay the citation). Please attach any corroborating evidence or statements (i.e. doctor's statements, repair bills, receipts or any pertinent information in addition to your statement). This form will be sent to the appeals committee by email.

Signature

Date

Email completed form to: idcard@brcc.edu