

SOUTHWEST

TENNESSEE COMMUNITY COLLEGE

Request To Appeal Traffic Citation

This form is to be completed by the recipient of (contested only) traffic citations and sent within 72 hours of the date of citation to Faculty/Staff Appeals Committee or Student Traffic Appeals Committee.

Please check one: Faculty/Staff Guest of College
 Student Other _____

Attach Traffic Citation Being Contested

Please Print

Today's Date _____ Citation Number _____
Name _____ Banner Number _____
Home Address or Department _____
City _____ State _____ ZIP _____
Home Phone _____ Cell Phone _____

Reason(s) for request to void attached citation:

DO NOT WRITE BELOW THIS LINE

Disposition: _____

Date

Traffic Appeals Committee Signature