

**KNOX COLLEGE
CAMPUS SAFETY DEPARTMENT**

**PARKING TICKET APPEAL
(Please print)**

Appeals will not be considered if received later than five (5) working days from the date of the violation. Parking for personal convenience will not be considered a valid reason for appeal.

YOUR NAME: _____

EMAIL ADDRESS: _____

STREET OR CAMPUS ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

CITATION #: _____ **VEHICLE PERMIT #:** _____

VEHICLE STATE: _____ **VEHICLE LICENSE #:** _____

DATE OF VIOLATION: _____ **VIOLATION #/TYPE:** _____

REASON(S) FOR APPEAL:

SIGNATURE: _____ **DATE:** _____