



**Johnson County Community College
Department of Public Safety**

PARKING VIOLATION APPEAL

Appeals must be received within ten (10) business days after issuance of the citation or the right to appeal is forfeited. **Each section of this appeal form must be completed in order for the appeal to be considered. Please type or print legibly.**

First Name: _____ Last Name: _____

Student ID Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ E-Mail: _____

Vehicle License Number: _____ State: _____

Vehicle Make: _____ Vehicle Model: _____

Vehicle Color: _____ Date of Violation: _____

Location of Violation: _____

I am primarily (please check one):

- Student
- Faculty/Staff
- Community Member

I submit the following facts/circumstances in support of this appeal:
(attach additional pages if necessary)

Return this completed form and a copy of the violation to CC 132 drop box within 10 business days of the citation date.