NORTHEAST OHIO MEDICAL UNIVERSITY
POLICE DEPARTMENT

4209 St. Rt. 44, PO Box 95 | Rootstown, Ohio 44272 | 330.325.5911 | Emergency: 911

NEOMED CITATION APPEAL FORM

Citation Number:
Citation Date:
Name:
Address:
City, State, Zip:
Primary Phone:
Permit Number:
Email Address:

☐ Student ☐ Employee ☐ Bio-Med ☐ IPM/KBMS ☐ Village Resident ☐ Rootstown Campus Only

All persons receiving a citation have the right to appeal within fifteen (15) business days from the date of the citation. Appellant must have a valid permit when the ticket was received.

APPEALS PROCESS:

- *Complete this form*
- *Attach a copy of the citation*
- *Provide specific and verifiable facts, including diagram if needed, which substantiates your appeal (space provided below)*
- *Attach any copies of photographs, repair slips, medical information, etc.*
- *Turn into Security Office (A-90) Attn: Lt. Parker*

Reason for requesting appeal and dismissal:

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DO NOT WRITE BELOW THIS LINE

Officer's statement of facts surrounding the issuance of the citation:

After reviewing this appeal, the following decision has been rendered:

Citation Upheld-Amount Due: ☐
Citation and Fine Dismissed: ☐
Warning Given: ☐

Appeals Decisions are Final