**NEOMED CITATION APPEAL FORM**

**Citation Number: Click here to enter text.**

**Citation Date: Click here to enter a date.**

**Name: Click here to enter text.**

**Address: Click here to enter text.**

**City, State, Zip: Click here to enter text.**

**Primary Phone: Click here to enter text.**

**Permit Number: Click here to enter text.**

**Permit Type:**

Student  Employee  Bio-Med  IPM/KBMS/DUAL  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: Chief Meonske*

**Reason for requesting appeal and dismissal:**

Click here to enter text.

**\*DO NOT WRITE BELOW THIS LINE\***

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

Click here to enter text.

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

**Citation Upheld-Amount Due: Click here to enter text.**

**Citation and Fine Dismissed: Click here to enter text.**

**Warning Given: Click here to enter text.**

**Appeals Decisions are Final**