CENTRAL OREGON community college
CAMPUS SAFETY

CITATION APPEAL
CAMPUS SAFETY

COCC ID: _____ TODAY'S DATE: _____

NAME: _____ CITATION DATE & #: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ VEHICLE LICENSE (if applicable): _____

VIOLATIONS THAT YOU ARE APPEALING (list violation numbers) _____

You may appear at the appeal hearing to present your statement in-person and/or to add additional information. Once your appeal hearing is scheduled, you will be notified of the hearing date/time no later than one day prior (attendance is not required). The decision of the appeals committee is final and you will generally be notified of the decision by mail, within 7 business days. If you have already paid the citation and it is waived or reduced, your account will be refunded. If you would like to attend, please check the box below.

☐ I would like to attend the appeal hearing and I understand that I will be notified of the appeal hearing time/date via the phone number listed above (voicemail will be left if no answer) and/or my college email account.

STATEMENT (Please be as specific as possible. You may attach photos or additional documentation.):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____ (Attach additional sheets if more lines are needed)

FINDINGS OF COMMITTEE

SECTION _____	☐ DENIED	☐ REDUCED TO $____	☐ WAIVED (no further action required)
SECTION _____	☐ DENIED	☐ REDUCED TO $____	☐ WAIVED (no further action required)
SECTION _____	☐ DENIED	☐ REDUCED TO $____	☐ WAIVED (no further action required)

Please provide or obtain from the Campus Public Safety Department _____ within 14 days of the date listed below and the fine will be reduced to $_____ (failure to comply results in charge for original citation amount).

CONDITIONAL FINDINGS/COMMENTS

_____
_____

APPEAL COMMITTEE SIGNATURE

_____DATE_____

OFFICE USE ONLY

CITATION NUMBER _____	**DATE** _____	**SECTION(S)** _____	**WAIVED: YES/NO**
CITATION NUMBER _____	**DATE** _____	**SECTION(S)** _____	**WAIVED: YES/NO**
CITATION NUMBER _____	**DATE** _____	**SECTION(S)** _____	**WAIVED: YES/NO**

DATE FORWARDED _____ **MEETING NOTIFICATION** _____ **FINDINGS MAILED** _____ **DATA ENTERED** _____