Clark College Security/Safety Department Traffic-Parking Citation Appeal Form								
				For Official Use Only				
Student	Faculty/Staff	Visito	r	PRIORS:		NONE	ATTACHED	
Today's Date			Date of Citation		Citation#			
Email					License Plate #			
Name					SID#			
Street Address								
City			State	Zip		Phone#		
Why were you cited?								
Why are you	appealing this citation	?						
Where were you parked?				What kind of vehicle were you driving?				

Please fill out form completely and email to Security.Requests@clark.edu Incomplete forms will not be processed. You will be contacted with the decision within 10 business day via email.