

TRAFFIC/PARKING CITATION APPEAL REQUEST

DATE OF CITATION: _____ CITATION #: _____

CHARGE: _____

NAME: _____

ADDRESS: _____

PHONE #: _____ CELL #: _____

VEHICLE LICENSE PLATE: _____ STATE: _____

PARKING PERMIT #: _____

Please give a brief statement as to why this citation should be reviewed:

This request must be accompanied by a copy of citation and submitted within seven business days of the citation date:

- Mail to: Dean of Student Services & Enrollment Management, Brunswick Community College, PO Box 30, Supply, NC 28462.
- Personal delivery to the Student Services Department.
- Fax (910) 754-9609.

The Traffic appeal Review Board Administrator will respond by mail to the above address within seven business days of receipt of appeal request.