



**BRUNSWICK**  
COMMUNITY COLLEGE

**TRAFFIC/PARKING CITATION  
APPEAL REQUEST**

Date of Citation \_\_\_\_\_ Citation # \_\_\_\_\_

Charge \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Vehicle License Plate # \_\_\_\_\_ ST \_\_\_\_\_

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 (7) business days** of the citation date:

- Mail to Disability Resources & Student Life Director,  
Brunswick Community College, PO Box 30, Supply, NC 28462
- Personal delivery to the Student Services Department
- Fax 910-754-9609
- Email to: [olsenj@brunswickcc.edu](mailto:olsenj@brunswickcc.edu)

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

*“Brunswick Community College does not discriminate on the basis of race, religion, color, national origin, gender, age, political affiliation, genetic information, sexual orientation or disability.”*