

# CITATION APPEAL FORM

Name: \_\_\_\_\_ Student/MEID #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Ticket #: \_\_\_\_\_ Date Ticket Issued: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Licensed State: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**You will have a response via email or phone within 10 business days**

<p><b>JUDGEMENT INFORMATION</b> _____):</p> <p style="text-align: center;"><input type="text"/></p> <p><b>Official Remarks</b> _____</p>
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