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| **Appeal Date** |  **/**  **/**  |
| **Appeal Time** |  |

**Appeal Location:**

Public Safety, Building 22

**Denmark Technical College Traffic and Parking Appeal**

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| **From: Traffic and Parking Appellate Committee** **Appellate Court Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**1. **You are hereby advised: (See blocked checked)**

 **To pay at the cashier’s office $ \_\_\_\_\_\_\_ within ten (10) days of**  **Issuance of this notice. Failure to pay penalty, see block checked** **Under B.**  **Your appeal has been approved. No further action is required by**  **you.** **The appellate court finds you in violation of the DTC traffic and**  **parking regulations but your penalty is waived.**  | **B. Failure to pay penalty** By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **will result in action indicated below:** **Assessment of original fine and a late charge penalty.** **Withholding of privileges of registering your motor** **vehicle.** **Withholding student transcripts and/or privileges to** **enroll in the college.** **Revoked driving privileges on campus.**  |



**Print your name and address in this box. This will be used for mailing your notice of action on this appeal.**

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| Appellant’s Name (Please Print) Classification  Fr. Sop. Jr. Sr.  |
|  Faculty Student To Appear  Staff Visitor To Be Read |
|  Lic. Tag No. State Registered Student ID# |
|  Ticket Number Ticket Number Ticket Number |

I HEREBY APPEAL THE ABOVE NUMBERED ALLEGED TRAFFIC VIOLATION(S) ON DENMARK TECHNICAL COLLEGE LANDS AND PROPERTY. AFTER CAREFULLY CONSIDERING ALL FACTS RELATING TO THE VIOLATION NUMBER(S) SHOWN ABOVE, I BELIEVE I HAVE FAIR AND JUST REASON TO APPEAL AND OBTAIN CANCELLATION. | **For Official Use Only** Ticket # Fine Approved In violation no fine fine waived\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  |

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**Signature of Appellant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**