Tennessee Tech University
FACULTY, STAFF AND STUDENT TRAFFIC APPEAL FORM
RETURN TO PO BOX 5081

Faculty _____ Staff_____ Student _____/SS# _____

Student Classification _____ How many semesters at TTU _____

TODAY'S DATE _____ Name _____

Campus Box _____ Department _____ Telephone # _____

Ticket # _____ **Ticket Date** _____

Decal # _____ License Plate # _____ State _____

Note: Ticket must be appealed within 15 days of the date written on the ticket. Ticket copy must accompany appeal when turned into the UPD Office.

Written Appeal _____

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_____

Signature _____

DO NOT WRITE BELOW THIS LINE

Committee Review Date _____

____ Valid/Full Fine _____ Valid/Fine Waived

____ Vaid/Fine Reduce to _____ _____ Not Valid