



Parking Citation Appeal

Security Office Use Only
Received: _____
By: _____

The Campus Safety & Security Supervisor and/or the Citation Review Committee ("CRC" or the "Committee") will make a decision about your citation appeal based on your written statement. Please complete and submit the form within (5) five business days from the date the citation was issued. You may print and mail the form to Columbia Basin College, Attn: Campus Security, 2600 N. 20th Ave., V Bldg., MS-V1, Pasco, WA 99301; print and drop off the form at the Security Office during business hours.

Instructions: Complete all sections of this form. Your signature is required.

This form will be provided to the Campus Safety & Security Supervisor for review and decision within 5 working days from the date the appeal was received. You will be notified of the decision via U.S. Mail by copy of this appeal along with 2nd level appeal rights.

Please check one: STUDENT EMPLOYEE VISITOR OTHER

NAME _____ TODAY'S DATE _____

ADDRESS _____ CITATION NO. & DATE _____

CITY/STATE/ZIP _____ PHONE: _____

LICENSE PLATE NO. _____ PARKING PERMIT NO. _____

APPEAL STATEMENT

(All appeals will be considered under the regulations listed in Chapter 132S-300 WAC and College policy. Please be as specific as possible, you may attach pictures or additional documents substantiating this appeal).

I affirm that this statement is true and accurate to the best of my recollection. I also understand if I pursue a 2nd level appeal, the decision of the Citation Review Committee is final and binding without further right of review.

Signature

DECISION

Action Taken

1st Level Appeal
Decision-Campus Safety & Security Supervisor
This is to inform you that your appeal contesting the above referenced citation has been:
 Denied (Failure to file within 5 days) Appeal Granted _____ Fine Imposed \$ _____
 Fine Reduced \$ _____ Waived/Dismissed Warning
Campus Safety & Security Supervisor: _____ Date: _____

If you are dissatisfied with the 1st level of appeal above, you may request a review with the Citation Review Committee within five (5) days of receipt of the Campus Safety & Security Supervisor's decision. Submit this completed form, including action taken by the first appeal decision.

2nd Level Appeal

You may appear at the hearing to present your statement in person or to add additional information to your written statement for the committee to consider. If you would like to attend, please check the box below. Once your appeal is scheduled, you will be notified via U. S. Mail. The decision by the Committee for the second-level appeal is binding and final and you will be notified by U.S. mail as soon as practicable.

Request an appearance before the Committee

Decision-Citation Review Committee

This is to inform you that your second level appeal contesting the above referenced citation has been:

Denied (Failure to file within 5 days) **Appeal Granted** _____ **Fine Imposed \$** _____

Fine Reduced \$ _____ **Waived/Dismissed** **Warning**

Conditional Findings/Comments: _____

Citation Review Committee: _____ Date: _____