

RED ROCKS COMMUNITY COLLEGE  
**PARKING APPEALS FORM**

**NOTICE:**

This form must be completed and returned to the Campus Police department, Room 1455, within ten (10) days from the date indicated on the Parking Violation Ticket. No appeal will be considered after that date. Illegible and/or incomplete forms may have an effect on the outcome of the Appeals Board decision. Please provide a brief, legible description of the violation, the reason for the appeal, and a detailed drawing of the violation in the space provided on the back of this form.

***A copy of the Parking Violation Ticket MUST be attached.***

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/dd/year)

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Description of Violation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of violation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Plate #: \_\_\_\_\_ Ticket #: \_\_\_\_\_

I certify that the above information is true and correct.

\_\_\_\_\_  
Signature

Do you wish to appear in person before the Appeals Board? You **MUST** check one of the following. The decision of the Appeals Board is final. If you choose not to attend, the decision will be mailed to your address.

Yes  No

**FOR OFFICE USE ONLY – TO BE COMPLETED BY CAMPUS POLICE**

**Decision of Appeals Board**

Appeal Filed: \_\_\_\_\_ Appeal is: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  Granted  Denied

By: \_\_\_\_\_

Hearing Date: \_\_\_\_\_ Time Assigned: \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Secretary Signature