NOTRE DAME OF MARYLAND UNIVERSITY

TRAFFIC VIOLATION APPEAL FORM

(NOTE: Appeal must be made within 15 days of the violation date)

DATE: _____ VIOLATION DATE: _____

NAME: _____ PHONE #: _____

ADDRESS: _____
Street City State Zip

CITATION #: _____ (Please attach original citation)

REASON FOR APPEAL (BE SPECIFIC. USE BACK OF FORM IF NEEDED):

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(revised 09/11)