IOWA STATE UNIVERSITY
Written Appeal Form
27 Armory Bldg ~ Ames, IA 50011 ~ (515) 294-7918

For Office Use Only:
Granted __ Denied __ Vis Void __
Billed: Yes No
Credit Slip: Yes No
Date Entered: _____

The independent *Traffic Appeals Board* will make a decision about your appeal based on your written statement. An email or postcard will be sent to the address you provide below informing you of the decision.

The independent Traffic Appeals Board consists of:
- One member of the supervisory and confidential staff recommended by the Supervisory and Confidential Council
- Two members of the merit staff, one each recommended by the AFSCME union locals 870 and 96
- Two members of the professional and scientific staff recommended by the Professional and Scientific Council
- Two members of the faculty recommended by the Faculty Senate
- Two members of the student body recommended by the Government of the Student Body

CIRCLE ONE: STAFF STUDENT VISITOR

NAME:		UNIVERSITY ID:
ADDRESS:		EMAIL:
CITY:	STATE:	ZIP CODE:
CITATION #:	PERMIT #:	LICENSE PLATE #:

CIRCUMSTANCES:

The above is a true and accurate account of the facts surrounding the citation, as I understand them, and my reasons for believing this citation should be dismissed.

Signature: _____ Date: _____

*If you are driving someone else's vehicle and appealing the citation, please indicate the owner of the vehicle.

FOR DEPARTMENT USE ONLY

Received By: Date:

Permit Verified: YES NO N/A OTHER:_____

Officer's Comment:

Officer's Initials: _____ Officer ID: _____ Date: _____

Administrative Decision:

☐ **GRANTED** ☐ **DENIED** ☐ **OTHER**_____

COMMENTS:

Board Signature: _____ Date: _____