

Hannibal-LaGrange University

Public Safety

Parking & Traffic Ticket Appeal Form

Appeals must be received within 5 business day of the ticket issue date for consideration.

Please Print Legibly & Fill Out Completely

Name: _____ License Number: _____

Citation Number _____

Phone Number: _____

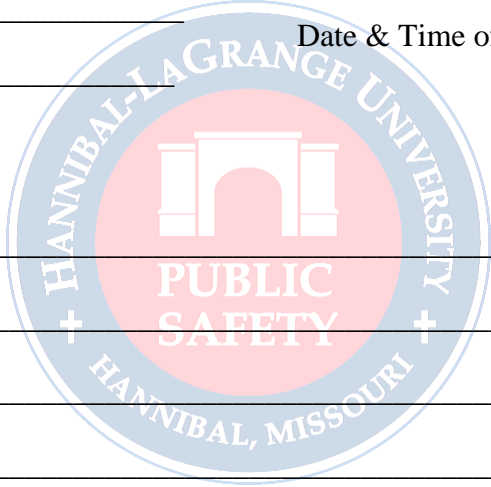
Date & Time of Citation: _____

Permit Number: _____

Date & Time of Appeal: _____

Email: _____

Reason for Ticket Appeal:



Signature: _____

Date Submitted: _____ DPS Officer Receiving: _____