



MS 6-1  
P.O. Box 98000  
Des Moines, WA 98198-9800

**Campus Security & Safety**

Located at  
2400 S. 240<sup>th</sup> Street, Des Moines, Wash.

Today's Date \_\_\_\_\_

Date Citation Rec'd \_\_\_\_\_

License Plate # \_\_\_\_\_

Vehicle Type \_\_\_\_\_

Permit # \_\_\_\_\_

Citation # \_\_\_\_\_

Telephone # \_\_\_\_\_

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip

Student

Staff

Faculty

Visitor

The following are unacceptable grounds for appeal: A lost ticket, forgetfulness, parking only for a short period, failure to display a parking permit and/or seeing the signs. Please write legibly and be very specific. You will be notified by copy of this appeal form of the decision. State the nature of appeal in the space below; state with clarity all reasons and basis for appeal. We recommend that you attach a diagram showing the manner in which you were parked. (If you need additional space, use back of this page).

Please provide us with your Employee or Student ID Number to better assist you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above is a true and accurate statement of my appeal.

\_\_\_\_\_

Signature

ACTION TAKEN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_