

**KNOX COLLEGE  
CAMPUS SAFETY DEPARTMENT**

**PARKING TICKET APPEAL  
(Please print)**

**Appeals will not be considered if received later than five (5) working days from the date of the violation. Parking for personal convenience will not be considered a valid reason for appeal.**

**YOUR NAME:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**STREET OR CAMPUS ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**CITATION #:** \_\_\_\_\_ **VEHICLE PERMIT #:** \_\_\_\_\_

**VEHICLE STATE:** \_\_\_\_\_ **VEHICLE LICENSE #:** \_\_\_\_\_

**DATE OF VIOLATION:** \_\_\_\_\_ **VIOLATION #/TYPE:** \_\_\_\_\_

**REASON(S) FOR APPEAL:**

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

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_