



THE MCC TRAFFIC & PARKING VIOLATION APPEAL FORM IS TO BE USED ACCORDING TO THE GUIDELINES FOUND IN MCC TRAFFIC & PARKING POLICY. THIS FORM IS FOR FIRST-ROUND APPEALS ONLY. SUBSEQUENT APPEALS MUST BE SENT IN WRITING TO THE CHIEF OF MCC POLICE. PLEASE TYPE OR PRINT CLEARLY.

<p>NAME (LAST, FIRST) _____</p> <p>ADDRESS _____</p> <p>_____</p> <p>_____</p> <p>PHONE NO. _____</p> <p>MCC ID NUMBER (IF APPLICABLE) _____</p>	<p>ATTACH TICKET OR COPY OF TICKET</p> <p>TICKET NO. _____</p> <p>DATE ISSUED _____</p> <p>TIME ISSUED _____</p> <p>LOCATION _____</p> <p>PERMIT NO. _____</p> <p>DRIVER LICENSE NO. & STATE _____</p> <p>VIOLATION AMOUNT \$ _____</p>
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INCLUDE REASON(S) FOR APPEAL BELOW. **PROVIDE SPECIFIC AND VERIFIABLE FACTS THAT WILL SUBSTANTIATE YOUR APPEAL.** A SEPARATE FORM IS REQUIRED FOR EACH VIOLATION, UNLESS THE VIOLATIONS ARE DIRECTLY RELATED.

I HEARBY AFFIRM THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME (PRINT): _____

SIGNATURE: _____ **DATE:** _____

SUBMIT THIS FORM TO POLICE@MCCCKC.EDU OR TO ANY MCC POLICE DEPT. DURING REGULAR BUSINESS HOURS. | SEE MCC TRAFFIC & PARKING POLICY FOR APPEALS PROCESS, OR CALL (816)604-1111 WITH QUESTIONS. KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

FOR ADMINISTRATIVE USE ONLY

MCCPD CAPTAIN COMMENTS _____

MCC CHIEF OF POLICE COMMENTS _____

APPEAL DECISION: APPROVED DENIED | **ARBITER NAME & RANK:** _____

ARBITER SIGNATURE: _____ **DATE:** _____

REASON OR COMMENTS _____
