AMARILLO COLLEGE TRAFFIC APPEALS FORM

Please check one:	Student			
	Employee			
	Other			
Name:		SS# or Colleague	SS# or Colleague ID#	
Last	First M			
Address:				
Street		City,State	ZIP Code	
Home Phone #		Work Phone #		
		Citation #		
(Failure to appeal within	n seven days waives the ap	peal process)		
	Please state the reas	on for the appeal in a clear ar	nd concise manner:	
		Signature		
		0.0.0000		
Attach a copy of the	citation			
For Office Use Only				
Date appeal receive	d in Police Departmer	nt:		
Committee Decision	: Dismiss	Stand		
Comments:				