Wheaton College Public Safety Parking Ticket Appeal Form

Complete this form and return it to Wheaton College Campus Safety within (5) days of the ticket's issuance

Name: _____ Date: _____

Wheaton Email: _____

Status: ◯ Student ◯ Faculty/Staff ◯ Visitor

Ticket #: _____ Date of Ticket: _____

Violation #: _____ Fine Amount: _____

Decal/Permit #: _____ License Plate #: _____ License Plate State: _____

Reason for Appeal (In the space below, state all reasons and the basis for your appeal. *Use the reverse side if you need more space*): _____

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