



PARKING VIOLATION APPEAL FORM

If you feel that the parking citation you received was not justified, do not pay the fine and use this form to file an appeal. You must file the appeal within fifteen (15) days of the violation date on the parking citation. If fifteen (15) days have passed since the violation, you must pay the fine. Please type or print legibly. Please bring, email (CampusSecurity@RTC.edu) or mail this form, with a copy of your ticket attached to the RTC Campus Security Department, Building N, Room 103, 3000 NE Fourth Street | Renton, WA 98056.

The Vice-President of Finance has designated that the Director of Campus Safety and Security will use your written statement to decide whether to uphold, reduce or waive the fine. You will get a copy of that decision by mail, email or by phone within one week of receipt of your appeal.

REASON FOR APPEAL: In the space below, share your reason for challenging this citation. Be clear and complete. Attach additional pages, diagrams etc... if necessary. The Vice-President of Finance or his/her designee may deny an appeal for lack of information. When deciding your case, it will be decided according to the RTC parking and traffic rules and regulations. Please note that being late for class, not seeing the signs, forgetting to display your permit, parking illegally for just a few minutes or because other people do it are not justifiable reasons for granting an appeal and overturning a citation.

Appellant's Name: _____
(Last) (First)

Address: _____
(Street) (City) (State) (ZIP)

Telephone# (with area code): _____ Email: _____

Student/Employee ID Number (SID/EID): _____

Status (check one): Student Faculty Staff Volunteer Visitor

RTC Citation #: _____ Date of Citation: _____

Vehicle License & State: _____ RTC Permit #: _____

Statement: _____

This is an accurate and complete statement of my reason(s) for appealing this citation:

Signature: _____ Date: _____

**Typing your name into this form will act as your electronic signature when completing the form online.*

Reviewer's Findings: _____

Signed by: _____ Date: _____

If you are submitting this form online, please save and attach to an email addressed to: CampusSecurity@rtc.edu You should receive an acknowledgement of its receipt within 2 business days. If you do not receive an response, please try to submit again.