

Appeal Form

(Must be within 7 days of incident)

Name: _____ PRCC ID#: _____

Home Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Incident Details

Date of Incident: _____

Where did incident occur? _____

Witnesses: _____

Ticket: ___ Fine: ___ Dorm Dismissal: ___ College Dismissal: ___ Other: ___

Ticket Number: _____

Describe the incident in your own words:

_____ College Use Only (Do not type below this line) _____

Ticket Date: _____ Issuing Officer: _____

Charge: _____

Upheld: _____ Reduced: _____ - \$ _____ Dismissed: _____

Court Date: _____