UNIVERSITY OF INDIANAPOLIS
TRAFFIC VIOLATION APPEAL FORM
(All information must be complete)

Name: ___________________________ License Plate #: ___________________________

Campus Address: ___________________________ Campus Phone #: ___________________________
(If Applicable)

Home Address: ___________________________
(Street) (City) (State) (Zip)

Home phone #: ___________________________ Alt. phone #: ___________________________ Parking Permit #: ___________________________

Ticket #: C __________ Date of Ticket: ___________________________ Student I.D. #: ___________________________
(top of ticket)

E-mail address: ___________________________
(This is the address that the Appeal Decision will be sent, so please print clearly)

STATE SPECIFICALLY THE BASIS UPON WHICH YOU ARE FILING THIS APPEAL:

Signature ___________________________ Date ___________________________

This form must be returned to the University of Indianapolis Police Department (Schwitzer Center- room 001) to be considered. Appeals may be mailed or faxed. We can not be responsible for Appeals that are not personally delivered to this office. The Traffic Appeals Board will evaluate your appeal and render to you its decision via e-mail.

University Police Department
1400 E. Hanna Ave.
Indianapolis IN 46227-3697

University of Indianapolis
Phone: 317-788-3386
Fax: 317-788-2166
police@uindy.edu