CAPITAL UNIVERSITY TRAFFIC APPEAL FORM

Name: _____ C.U. Box _____
Print clearly or type your information

Capital Phone: _____ Cell Phone: _____

Address: _____
Street/Residence Hall City/Room State Zip

RE: Traffic Citation (s) # _____

Plea: ___No Contest ___Not Guilty ___ Guilty, Extenuating Circumstances

I wish to appeal the above listed citation (s) on the following grounds:

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I hereby affirm that all the information given hereon is true _____
Signature

___ I will attend court ___ I do not plan on attending court _____
Date

This form may be submitted in person at the Public Safety Office, or mail to same at 1 College & Main, Bexley, Ohio, 43209. When a Court date is decided you will be informed by mail.

1204