Coppin State University
Request for a Parking Citation Administrative Review

(Please print clearly and complete all areas)

Name: _____ Date: _____
Address: _____ Phone: _____
Address 2: _____ License plate #: _____
City: _____ State: _____ Zip Code: _____
Citation #: _____ Citation #: _____
CSU ID #: _____

Please describe why you are appealing citation(s):

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Signature:

_____

Disposition-For office use only

Citation #:_____ Valid: ____ Dismissed: _____ Code: _____ Reviewed by: _____

Citation #:_____ Valid: ____ Dismissed: _____ Code: _____ Reviewed by: _____