University of Arkansas for Medical Sciences
Traffic Violation Appeal Form

	CHECK ONE	VEH DECAL #
Faculty		
Student		
Employee		

FOR FACULTY, EMPLOYEES & STUDENTS

TRAFFIC VIOLATION #	DATE

PINK TICKET REQUIRED

GENERAL INFORMATION

1. Appeals may be taken to the **UAMS Traffic Office** (Located at the Police Department on the 2nd floor of the Distribution Center) or mailed to slot #582, **NO LATER THAN Seven (7) days** from date of ticket. ***PLEASE ATTACH PINK TICKET TO APPEAL FORM***
   Appeals will not be reviewed if not received within 7 days .
2. You will be notified in writing of the outcome of your appeal.
3. Ignorance of University of Arkansas for Medical Sciences Vehicle Regulations is not a valid reason for appealing a traffic violation.

Please Print All Information

Name of Person Making Appeal:_____
Local Address:_____
UAMS Mail Slot #:_____ **Work Phone Number:**_____
Violation (s) Marked on Ticket:_____
Reason(s) for Appeal: (Please be specific):
_____

Date: _____ _____**Voided**
Signature:_____ _____ **Denied**
Print Name Here:_____ _____ **Reduced to $**_____

TRAFFIC APPEAL COMMITTEE ACTION

APPEAL **Voided** _____ **Summons No.**_____
Denied_____ **Summons No.**_____
Reduced_____ **Summons No.**_____ **Reduced to $**_____

Note: Denied or reduced appeal must be paid within 14 days of appeal in order to avoid penalty charge.
Reason for denied or reduced ticket(s):
_____
_____
_____
_____
_____
_____