



Holy Names University  
 Campus Safety Office  
 3500 Mountain Blvd, CSO  
 Oakland, Ca 94619  
 Tel 510-436-1601 [kirkpatrick@hnu.edu](mailto:kirkpatrick@hnu.edu)

**Citation Appeal Form**

11-12

**Please complete the following information necessary to process the appeal and submit to the Department of Campus Safety. You will receive a written response to your appeal in the mail.**

Name \_\_\_\_\_ (Please Print)

Street/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Campus Status:  Student  Faculty  Staff  Other \_\_\_\_\_

**Campus Community Service:** Do you request to convert fine to community service on campus?

Rate: \$50 ticket/ 6hrs and \$150 ticket /18hrs.  yes  no

**Vehicle Information**

#1 License plate \_\_\_\_\_ State \_\_\_\_\_

Vehicle year \_\_\_\_\_ Make (brand) \_\_\_\_\_ Model (type) \_\_\_\_\_

Color \_\_\_\_\_ Permit number \_\_\_\_\_

New Car / No Plates Temp Permit Number \_\_\_\_\_ Expires \_\_\_\_\_

**Citation Information**

Violation(s) cited \_\_\_\_\_

**Nature of Appeal** - In the space below, clearly state all reasons and basis for appeal.

I hereby certify that the above is a true and accurate statement of my appeal.

\_\_\_\_\_  
 Signature Date