



Central Oregon Community College  
**DEPARTMENT OF CAMPUS PUBLIC SAFETY**  
 2600 NW College Way, Bend OR 97703  
 541-383-7272 / PublicSafety@cocc.edu

**Citation Appeal Form (CPS-52)**  
 Campus Public Safety

**Please use pen only and complete all entries. Incomplete or illegible forms will be returned.**

COCC ID \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_ CITATION DATE & No. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ VEHICLE LICENSE (If applicable) \_\_\_\_\_

VIOLATIONS THAT YOU ARE APPEALING (LIST VIOLATION NUMBERS) \_\_\_\_\_

You may appear at the appeal hearing to present your statement in person or to add additional information. If you would like to attend, please check the box below. Once your appeal is scheduled, you will be notified no later than the day prior (attendance is not required). The decision of the appeals hearing is final and you will be notified by mail usually within 7 business days. If you have already paid for the citation and it is waived or reduced, your account will be refunded.

I would like to **attend** the appeals hearing, I understand that if I do not answer the phone a message will be left for me and/or a message will be left on my college email account.

STATEMENT (Please be as specific as possible. You may attach pictures or additional information.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach additional sheets if more lines are needed)

**FINDINGS OF HEARING COMMITTEE**

SECTION \_\_\_\_\_  DENIED                       REDUCED TO \$ \_\_\_\_\_                       WAIVED (No further action required)  
 SECTION \_\_\_\_\_  DENIED                       REDUCED TO \$ \_\_\_\_\_                       WAIVED (No further action required)

\_\_\_\_\_ Please provide or obtain from the Campus Public Safety Department: \_\_\_\_\_ within 14 days of the date listed below and fine will be reduced to \$ \_\_\_\_\_ (failure to comply results in charge for original citation amount).

CONDITIONAL FINDINGS/COMMENTS

\_\_\_\_\_

APPEAL BOARD SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY**

STUDENT ALCOHOL/SMOKING (STUDENT LIFE)                       STAFF ALCOHOL (HUMAN RESOURCES)                       ALL OTHERS (CITATION APPEALS)

CITATION NUMBER _____	DATE _____	SECTION(S) _____	WAIVED: YES/NO
CITATION NUMBER _____	DATE _____	SECTION(S) _____	WAIVED: YES/NO
CITATION NUMBER _____	DATE _____	SECTION(S) _____	WAIVED: YES/NO

DATE FORWARDED \_\_\_\_\_ MEETING NOTIFICATION \_\_\_\_\_ FINDINGS MAILED \_\_\_\_\_ DATA ENTERED \_\_\_\_\_