SIENA COLEGE – TRAFFIC APPEALS FORM

**All Information must be filled out or the Board will not consider the appeal
**The Traffic Appeals Board will not consider any ticket over 60 days old

TICKET NUMBER:_____SIENA ID NUMBER:_____

DATE OF APPEAL_____DATE OF TICKET:_____

NAME:_____ FACULTY STAFF

ADDRESS:_____

E-MAIL ADDRESS:_____

Appeal narrative:_____

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