

CENTRAL LAKES COLLEGE PARKING APPEALS FORM

Name: \_\_\_\_\_

CLC Tech ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Citation: \_\_\_\_\_

Violation: \_\_\_\_\_

Citation Number: \_\_\_\_\_

License Plate #: \_\_\_\_\_

Explanation of Appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail Completed Appeal Form To:

Security Department  
Attention: Security Director  
Central Lakes College  
501 West College Drive  
Brainerd, MN. 56401