

## TRAFFIC VIOLATION CLASS A

## **APPEAL REQUEST**

Appellant Information						
Full Name:				Date:		
Danatatan	Last		First	M.I.		
Dominion Address:						
	Street Address					
Phone:				Email:		
Date of Appeal: Date		_ Date of Vi	olation:	Citation No.:		
Cited for:  SPEEDING  RUNNING A STOP SIGN  RECKLESS DRIVING  DRIVING WITHOUT A VALID DRIVER'S LICENSE STOP FOR SECURITY  AUTHORIZING VISITOR TO ACCESS ANOTHER RESIDENCE OR PROPERTY						
Are you a re	sident/owner?	YE		YES NO If no, are you a vendor or contractor?   YES NO		
				If no, are you a guest or family member?		
Have you re 90 days?	ceived any citations i	n the last YE		If yes, when?		
-		_	Reaso	n for Appeal		
Please provide your appeal request below.						
		Di	aalaima	r and Signature		
Disclaimer and Signature						
I certify that my answers are true and complete to the best of my knowledge. Once the Security Committee reviews the appeal, I understand that my household may be subject to maximum penalties which are listed on the backside of the citation enclosed. I understand that I have the right to appeal the Committee's decision to the Board of Directors.						
Signature:				Date:		