

# Central Lakes College Parking Appeals Form

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

Violation \_\_\_\_\_

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

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

**Explanation of Appeal**

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**Mail Completed Appeal Form To:**

Safety and Security Department  
Central Lakes College  
501 W. College Drive  
Brainerd, MN 56401