



CITATION VOID REQUEST

Today's Date: _____

Name: _____

Contact Phone Number: _____

NSU ID Number: _____

Vehicle Tag Number: _____

Have you purchased a NSU parking decal? Yes _____ No _____

Please state the Reason for your Grievance: _____

NSU ADMINISTRATIVE SECTION **ONLY** (DO NOT FILL OUT)

Number of Tickets issued: _____

Number of Tickets voided: _____

Number of Handicapped Parking Violations: _____

Number of Fire Lane Parking Violations: _____

Total Amount Owed: \$ _____

Final Disposition of Grievance: _____

Appointment? Yes _____ No _____ Date/Time: _____

Chief Clint Vernon

Date