



ELGIN COMMUNITY COLLEGE

SMOKING TICKET APPEAL

NAME _____ ECC ID # _____

ADDRESS _____ CITY, ZIP _____

PHONE # _____ Date of Ticket _____

TICKET # _____ EMAIL ADDRESS _____

REASON FOR APPEAL

SIGNATURE _____ DATE _____

NOTE: ALL APPEALS MUST BE FILED WITHIN 10 CALENDAR DAYS OF OFFENSE

Please include a copy of the ticket and receipt of payment with your appeal for identification purposes. All fines are to be paid within thirty (30) days of the date the citation was issued. Failure to pay this fine prior to your appeal being reviewed will result in a hold on your student account and you will be unable to register for classes, receive transcripts or class grades. You will be refunded if the appeal is in your favor. Enforcement provisions and monetary fines for violations will be based on the Elgin Community College Smoke Free Campus Administrative Procedure. The ECC Smoking Appeals Committee will meet once per month to review appeals and will respond within 10 business days. Turn this form in to Business and Finance, Room B205.11. **The decision of this committee is final.**

Disposition of this Appeal _____ Approved _____ Not Approved

Decision Mailed Back/date _____ Yes/No _____ Date

Date decision sent to Student Accounts _____

Response _____ See Letter _____

Signature of Appeals Chair _____ Date _____