

Fee _____

No. _____

Campus Summons

Procedure No. 923.1 – Supplement 3

Atlantic Cape Community College
Mays Landing, NJ 08330

Month	Day	Year	Hour	a.m./p.m.
Name - Last	Name - First		Name - Middle	
Address	Tel.#		Social Security	
City	State	Zip No.	Date of Birth	
Did unlawfully (Park) - (Operate) A				
Make of Vehicle	Year	Body	Type	Color
License Plate #	State	Decal Type	Location	
Decal #	Color of Decal		No. of Violations	

Commit the following Offense(s)

___	Parking in handicapped area without a handicapped decal
___	Parking in a Fire Zone
___	Parking in staff area without staff/faculty decal
___	Parking in visitor's parking area
___	Parking or driving on walkway, grass or road shoulder
___	Parking without a valid decal (or without a decal)
___	Parking as to block or impede traffic

—	Parking in a no parking area
—	Parking as to take more than one space
—	Parking in handicapped area
—	Other

Notice: You are notified that the Atlantic Cape Security Office will file a copy of this summons with the Business Office. If the violations continue or they are not paid promptly your parking privileges may be revoked and your vehicle towed at your expense. Students are advised that records and transcripts will be frozen until payment is made.

 Vehicle Towed Date Hour Location Towed

Officer's Signature _____

Date _____