Smoking Citation

- Citation number → auto calculated after form submitted
- Date (automated?)
- Time (automated?)
- Violation type
- Violator Name → contact
- Department
- Supervisor
- Date, Time, place in campus

Permit Violation

- Date (automated?)
- Time (automated?)
- Violation type
- With permit
  - permit number
  - Vehicle license number
  - Vehicle Type
- without permit
  - license number
  - vehicle type

Smoking/Other Violation Form

Date ??/??/??

Time ??:?? pm

Place in Campus: Choose an option

Violation Type: Choose an option — Smoking / Other

description

Violator Details

Name

FIRST LAST

Address (Email)

~~@~~

Department: Choose an Option

Supervisor

SUBMIT

Permit Violation Form

Date ??/??/??

Time ??:?? am

Violation Type: Permit

description

Violator Details

Permit Y O N O

Permit Number

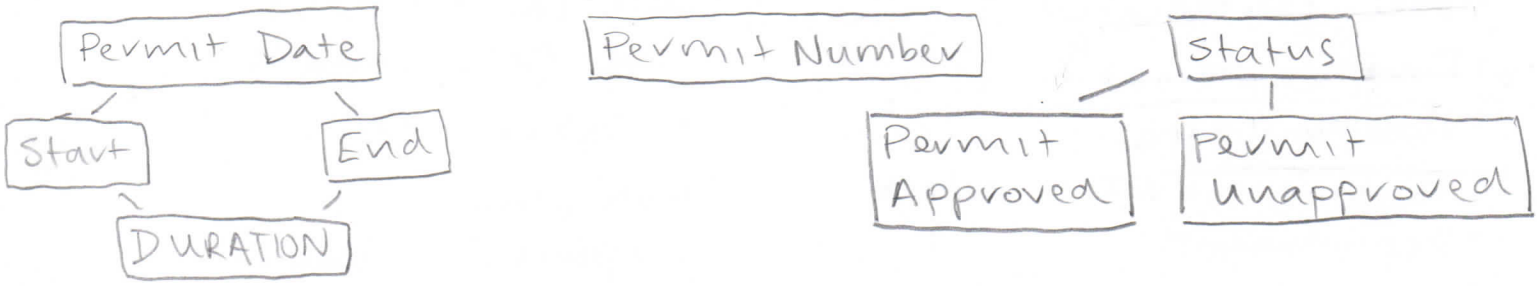
if yes can fill out if no grey out

Vehicle License Number

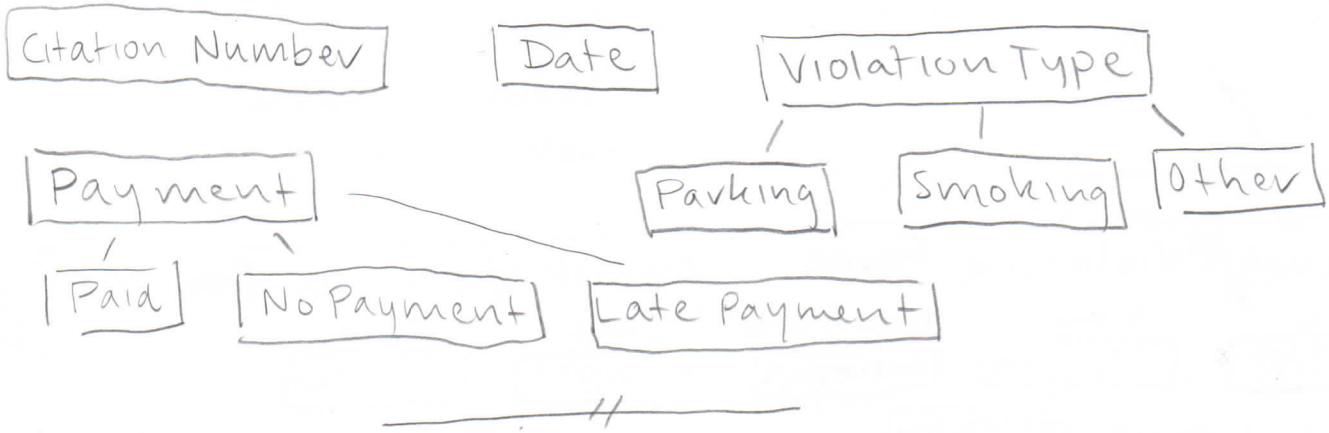
Vehicle Type

Organise Database:

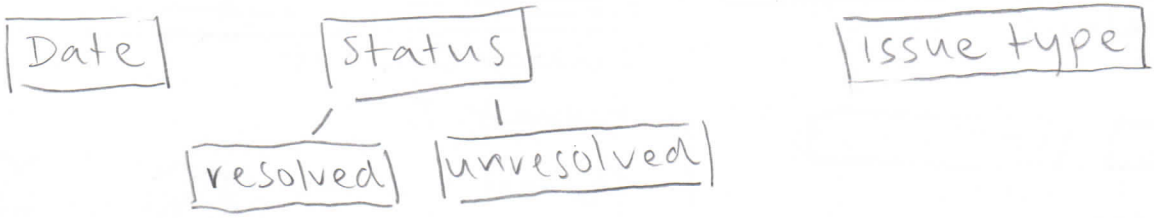
Permits



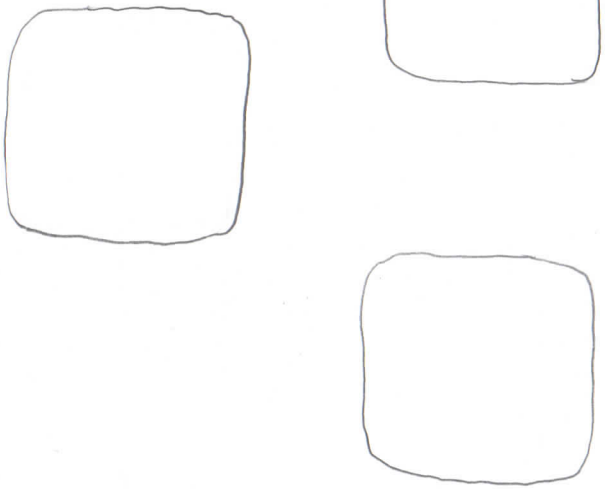
Violation

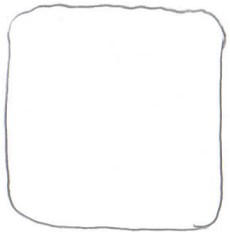


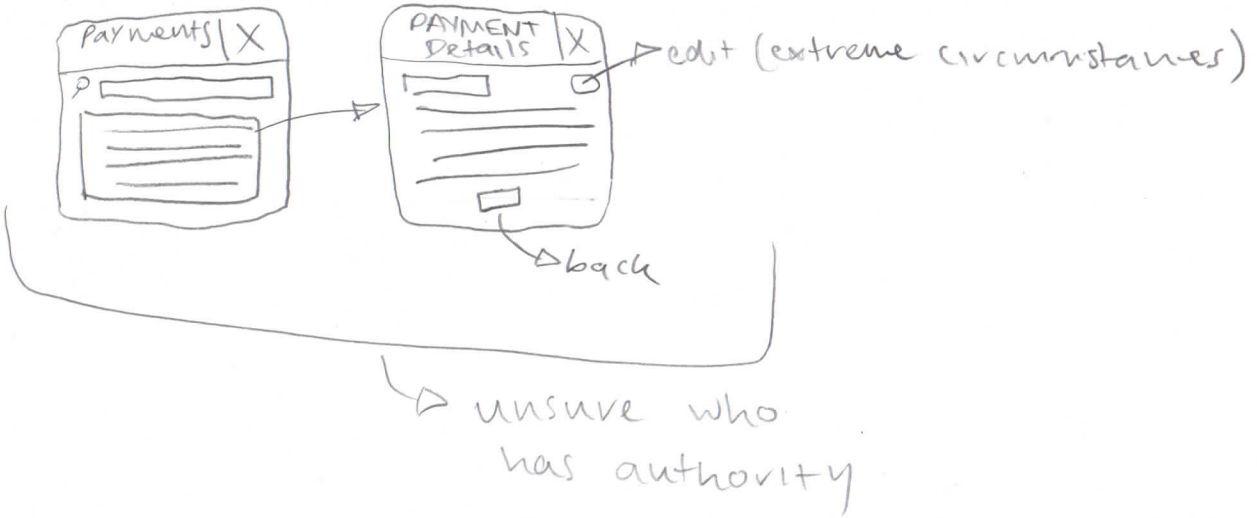
Report Issue

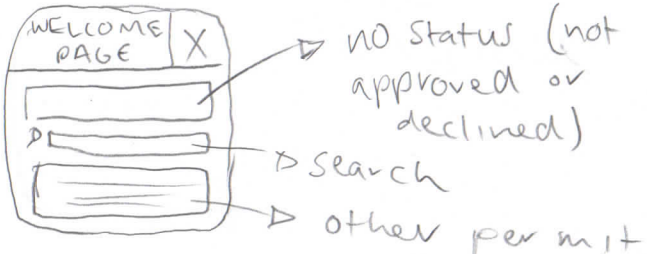


(D) Permit Department member

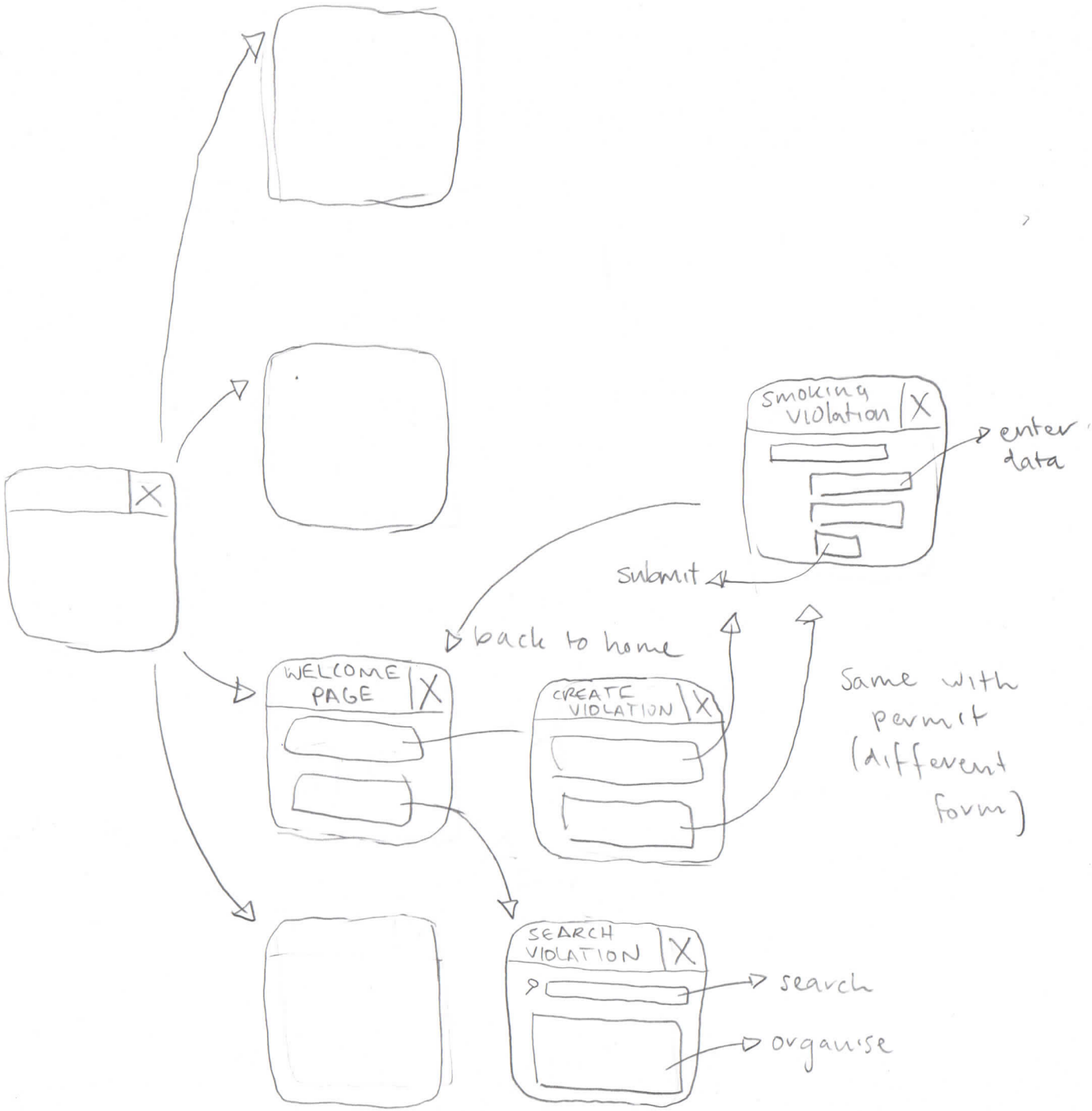


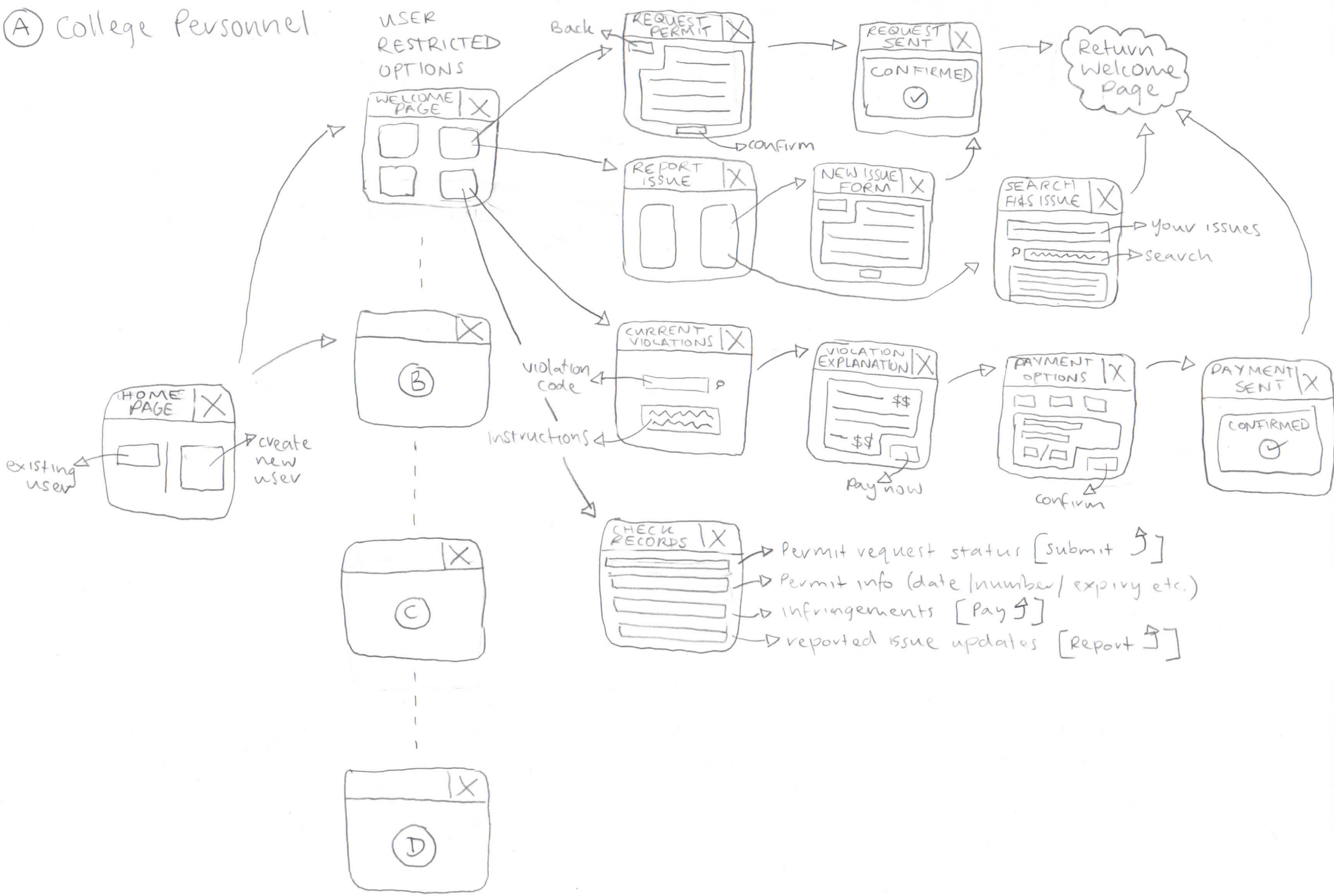




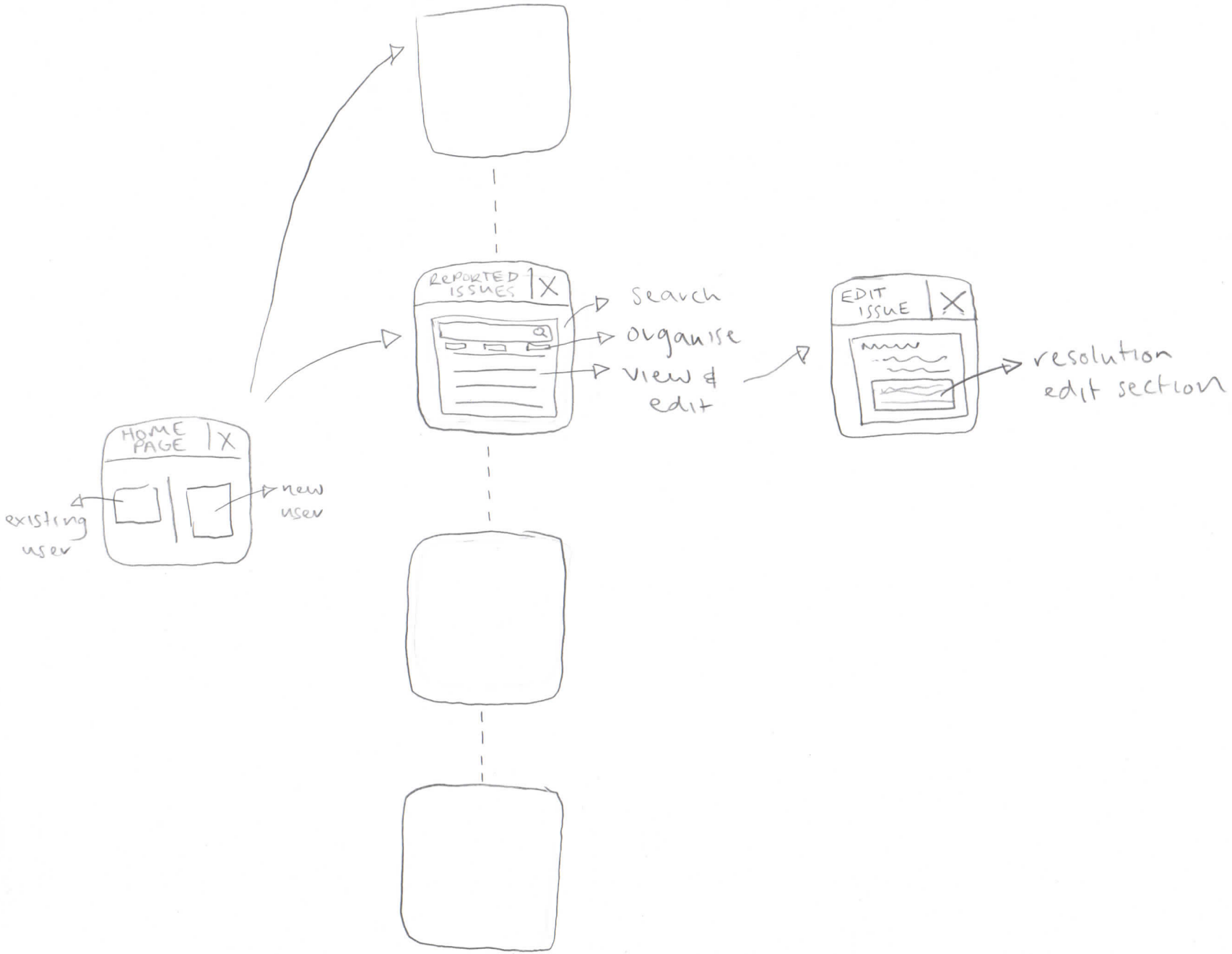


© Parking/Violation Patrol Officer

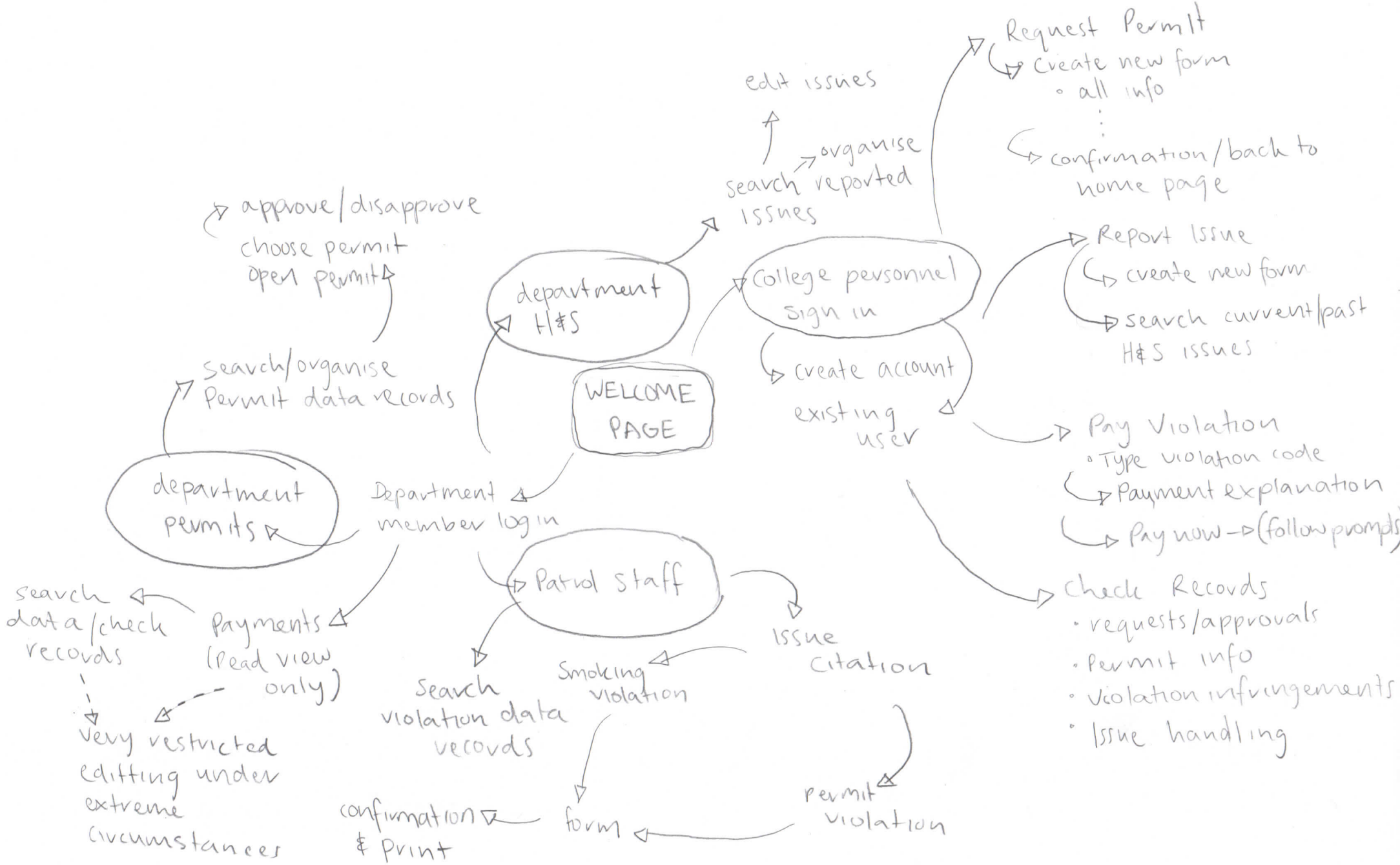



A College Personnel
USER RESTRICTED OPTIONS
WELCOME PAGE
Back
REQUEST PERMIT
confirm
REQUEST SENT
CONFIRMED
Return Welcome Page
REPORT ISSUE
NEW ISSUE FORM
SEARCH H&S ISSUE
your issues
search
HOME PAGE
existing user
create new user
B
violation code
instructions
CURRENT VIOLATIONS
VIOLATION EXPLANATION
$$
$$
pay now
PAYMENT OPTIONS
confirm
PAYMENT SENT
CONFIRMED
CHECK RECORDS
Permit request status [submit]
Permit info (date/number/expiry etc.)
infringements [Pay]
reported issue updates [Report]
C
D

Ⓑ H&S Department (Report Resolution)



Original Mind Map



Permit Form

- Person Name → Email!
- Department
- Permit Duration
- Permit Start / (automated end)

Permit Form

Name

First | Last

Contact

Email

Mobile

Department

Choose an option ▼

- Department 1
- Department 2
- Department 3
- Department 4

Permit Duration

Choose an option ▼

- Yearly
- Monthly
- Daily
- Hourly

Start Date

?? / ?? / ??

End

automated

MONTH

1	2	3	4
5	6	7	8
9	10	11	12

SUBMIT