

**SAN DIEGO STATE UNIVERSITY – DEPARTMENT OF PUBLIC SAFETY**

**REQUEST FOR ADMINISTRATIVE REVIEW (APPEAL)**

**APPEAL PROCESS:**

**Administrative Review:** You must fill out this form within 21 calendar days of the date of the citation and return it to the Parking Office located at the Department of Public Safety (DPS) building (MC 4390). Within two weeks, the form will be returned to you with the “Determination” indicated in the box below.

**Determination:** If the citation has been upheld or reduced, you must again send this form, along with the citation and your payment (keep copies of all) within 14 days to the address in the box below. [Note: If you are unhappy with the result of your determination, you may schedule an **administrative hearing** at the Parking Office. This **MUST** be done within 21 days after the determination has been mailed back to you; see postmark.]

**DIRECTIONS:**

1. **PLEASE PRINT CLEARLY.**
2. **THIS FORM MUST BE FULLY COMPLETED** (except “Determination” box; leave this empty). Citations (tickets) must be appealed within 21 calendar days of issue (check date on ticket).
3. **DO NOT make payment during this initial appeal process, and DO NOT send in your ticket.** (See “Administrative Review,” above.)

**Name:** \_\_\_\_\_ **Red ID #:** \_\_\_\_\_

Today’s Date: \_\_\_\_\_ Citation Date: \_\_\_\_\_ Citation Amount: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicle License #: \_\_\_\_\_ Citation #: \_\_\_\_\_

Location (as on ticket) : \_\_\_\_\_ Time of citation : \_\_\_\_\_

Reason issued (e.g., expired meter, no permit): \_\_\_\_\_

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Why should the ticket be canceled? \_\_\_\_\_

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**“DETERMINATION”**

**DATE:** \_\_\_\_\_ **CITATION #:** \_\_\_\_\_

**UPHELD:** \_\_\_\_\_ **VOIDED:** \_\_\_\_\_ **REDUCED:** \_\_\_\_\_ **to \$25.00 for FAILURE to DISPLAY/PROPERLY**

**Within 14 days of receiving this determination, send in your citation, payment, and this form to:** San Diego State University, C/O Citation Processing Center, P.O. Box 2730, Huntington Beach, CA 92647-2730.

**REASON FOR DETERMINATION:** \_\_\_\_\_

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