Request for Parking Citation Appeal

California State University Channel Islands
Transportation and Parking Services
One University Drive
Camarillo CA 93012
(805) 437-8430

INCOMPLETE APPLICATIONS WILL AUTOMATICALLY BE DENIED

☐ Student ☐ Visitor ☐ Tenant ☐ Vendor ☐ Guest
☐ Staff/Faculty (Dept)_____ ☐ Other/Explain_____

STUDENT ID NUMBER	PHONE NUMBER ( )	PERMIT NUMBER	PERMIT TYPE
CITATION NUMBER	**ISSUE DATE**	**VEHICLE LICENSE NUMBER**	**STATE**

NAME AND MAILING ADDRESS (Please Print)
NAME:_____
_____
_____
_____

REASONS **NOT** CONSIDERED FOR APPEAL

1. Ignorance of the Parking Rules and Regulations.
2. Failure to see / read signage.
3. Failure to locate parking space.
4. Parking or stopping for a short period of time.
5. Expired Meter / Time (not related to mechanical malfunction).
6. Failure to display permit.
7. The 21-Day time limit has expired as of this date.

REASONS FOR APPEAL (Attach all supporting documents)
_____
_____
_____
_____

The disposition of this appeal request will be mailed to the address you have listed on this form. Please call Transportation and Parking Services at (805) 437-8430 if you have not received your disposition within 30 days of your appeal date.

I certify that the foregoing statements are correct:

_____ _____/_____/_____
Signature Appeal Date

FOR OFFICE USE ONLY

RESPONSE TO PARKING TICKET APPEAL **Date Received** _____

Processor's/Officer's Comments
_____
_____
_____

Reviewer's Comments
_____
_____
_____
_____
_____

☐ **Your appeal has been approved** and the citation has been dismissed.

Reviewed By:_____ Date:_____

☐ **Your appeal has been denied and the fine is now due.** Failure to pay the fine may result in late charges and withholding of your vehicle registration until the fine is paid. **Mail your check for the fine ($_____) within 21 days to: CSU Channel Islands, Transportation and Parking Services, One University Drive, Camarillo CA 93012.**

Reviewed By:_____ Date:_____

➡ **If you wish to appeal this decision, sign and date the section below and return this form with your check in the amount of the fine within 21 days to the address above.**

The Administrative Hearing Office will notify you by mail of your scheduled appointment. Hearing Scheduled: _____

I wish to appeal the decision regarding my citation.

My Check in the amount of $_____ is attached. I understand that my check will be held in the Administration Review Office until a final decision is rendered.

Signed:_____ Date:_____

ADMINISTRATIVE REVIEW OFFICER DECISION

☐ Citation Waived ☐ Citation Upheld

Signed :_____ Date:_____

COPY DISTRIBUTION: **WHITE**: TPS **YELLOW**: Transportation and Parking Services **PINK**: Requestor