

CITATION APPEAL FORM

Instructions

- Complete this form (please print) and attach a photocopy of your citation. (Do not enclose original citation.)
- Both documents must be received at the address shown above within 21 days of the date on the citation.
- **Reminder: you can appeal citations online at www.citations.ucsf.edu**

Check one: I would like a written notice of judgment e-mailed to me within 7 days.
 I would like a written notice of judgment mailed to me within 10 days.

Parking Citation Number _____ Date Issued _____ Officer _____
Name (Last, First, MI) _____ Phone _____
Street Address _____ e-mail address _____
City _____ State _____ Zip Code _____ UC Campus Box _____

Statement. Provide a concise statement describing the reason(s) for your appeal. Continue on back if necessary.

X

Appellant's Signature _____ Date Signed _____

For Parking Operations Use Only

Citee Type

Public Permit

Action Taken

Valid Dismissed

Permit Type and Number _____

Date Action Taken _____

Date Permit Issued _____

Action By _____

Permit Verified By _____

Date Notice of Judgment Sent _____

List all Vehicle License Numbers in Database
for Permit Holders: _____

Date Stamp

This Side for Departmental Use Only

Action Justification

Valid

- Valid permit not displayed.
- No alternate registration slip.
- Fee ticket not confirmed.
- Face of fee ticket not visible.
- Ineligible for handicapped.
- Verified with officer.
- Other (see Statement)

Dismissed

- Permit verified, alternate slips unavailable or report of stolen permit.
- Issuance error; permit on vehicle or alternate slip confirmed.
- Fee payment confirmed
- Hospital patient/visitor paid appropriate fee.
- Disabled Placard verified.
- Confirmed, received incorrect information from UCSF staff.
- Other (see Statement)

Justification Statement

X

Adjudication Official's Signature

Date Signed

Appellant's Statement (continued)
