

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 10 business days.
 I would like a written notice of judgment mailed to me within 10 business 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

Cite 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)
