

## CITATION APPEAL FORM

### Instructions

- Complete this form including your reason(s) for contesting the citation. Attach a photocopy of your citation and any supporting evidence.
- Mail form within 21 calendar days of the citation issue date or 14 calendar days from the mailing of a notice of delinquent parking violation to: **Parking Citation Service Center, Post Office Box 11923, Santa Ana, CA 92711**
- **Reminder:** You can appeal citations online [paymycite.com/ucsf](http://paymycite.com/ucsf)

Citation Number	License Plate Number	Date Issued
Name (Last, First, MI)	Phone	
Street Address	E-mail address	
City	State	Zip Code
		UC Campus Box

**Reason for Contesting.** Provide a concise statement describing the reason(s) for your appeal.

<b>X</b>	
Appellant's Signature	Date Signed

### For Parking Operations Use Only

<b>Cite Type</b> <input type="checkbox"/> Public <input type="checkbox"/> Permit  Permit Number _____  Permit Issued Date _____  Office Notes _____	<b>Action Taken</b> <input type="checkbox"/> Valid <input type="checkbox"/> Dismissed  Judgment Date _____  Adjudication Officer _____	<b>Date Received Stamp</b>      
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