



SACRAMENTO  
STATE

UNIVERSITY TRANSPORTATION AND PARKING SERVICES

**REQUEST FOR APPEAL HEARING**

You should file this form only if you have completed the administrative review process and you are contesting the decision that was rendered. Request for appeal hearing is required to be made within 21 calendar days of the *mailing* of the administrative review result. Deposit equal to the parking penalty is required at the time of your hearing request. Please print legibly and be specific in explaining why the administrative review decision should be reversed. A written hearing will be performed if no indication is given as to your choice of hearing. Return this form and your checks or money orders (make check or money order payable to California State University Sacramento) to: California State University Sacramento Parking Enforcement Center, P. O. Box 5010, San Ramon, CA 94583.

Name  SS#  Citation No

Address   
No. and Street                      Apartment No.                      City                      State                      Zip Code

Phone No  Vehicle License No  Citation Date

Type of hearing desired  Written  Personal Conference

Justification for dismissal: (if more space is needed attach additional pages).

Signature \_\_\_\_\_ Date

FOR OFFICE USE ONLY

Tape recorder starting No  Ending No

Determination  Appellant Not Liable  Appellant Liable

Comments

Signed by \_\_\_\_\_ Mailing date: