California State University, Sacramento
University Transportation and Parking Services (UTAPS)
Mailing Address: 6000 J Street, Sacramento, CA 95819-6076
Physical Address: 7667 Folsom Boulevard, Sacramento
T (916) 278-7275 F (916) 278- 5078 www.csus.edu/utaps

REQUEST FOR APPEAL HEARING, LEVEL 2

- This form is for those contesting the parking citation appeal decision that was rendered on a Level 1, Administrative Review. The request for Appeal Hearing, Level 2 must be submitted to the UTAPS office within 21 calendar days of the date on the Level 1 liable notice.
- California vehicle code 40215 (b) requires payment for the citation at the time the Appeal Hearing is requested. If the citation is dismissed, a refund will be administered.
- Please specify why the Administrative Review, Level 1 decision should be reversed in the justification field below. A written hearing will be performed if a hearing type is not selected.
- Submit this form and your payment to the UTAPS office in person, online or by mail. Please see mailing, physical and website address above.

Name _____ Phone Number _____

Address _____
Street Apartment City State Zip Code

Citation Number _____ Vehicle License Plate Number _____

Parking Permit Number _____ Registered Owner of Vehicle _____

Your Relationship to Registered Owner _____ Type of hearing desired: ☐ Written ☐ In Person

Please record your justification for dismissal below. If necessary, please attach any evidence essential to your hearing i.e. daily parking permit.

_____

_____

_____

_____

_____

_____

_____

_____

Appellant Signature _____ Date _____

FOR OFFICE USE ONLY

Tape Recorder Start: _____ End: _____ Decision: _____ Liable _____ Not Liable

Comments: _____

_____

Signed by: _____ Mailing Date: _____