

REQUEST FOR CITATION REVIEW

Do not complete this form until you have read all instructions completely. Please keep a copy of your appeal for your records, as the original will be retained by the Parking Services Office.

Name:

Email Address:

Mailing Address (appeal results will be sent to this address):

Permanent Address (if different from above):

Vehicle License #

Today's Date:

Citation #

Date Issued:

Permit Type and Number (if applicable):

Campus Affiliation: Faculty Staff Student Other

Campus ID (if applicable):

Please state why you are requesting a review of the above citation(s). Provide all pertinent information and be as detailed as possible. Attach any related evidence.

Please mail this form to: Parking Services, One Shields Avenue, Davis, CA 95616