

UC DAVIS
Transportation Services
INSTRUCTIONS FOR CITATION REVIEW

INFORMATION:

You may request a review of the parking citation if you believe that the violation did not occur, or that extenuating circumstances warrant dismissal of the citation. The request for a Citation Review may be made by completing and submitting the attached appeal form or by going online at taps.ucdavis.edu. Please make sure to keep a copy of your appeal for your records, as the original will be retained by the Transportation Services (TAPS) Office.

*****No payment of the fine is required until the Citation Review process has been completed. *****

A correctly filled out and issued parking citation is considered “prima facie” evidence that the stated violation occurred. The citation will be upheld unless the issuing agency is satisfied that the violation did not occur or decides that extenuating circumstances warrant its dismissal. Lack of intent or financial hardship are not sufficient grounds for canceling a citation. Generally, appeals *will not be granted* for claims of:

- Lack of available parking space
- Being late for an appointment
- The use of the space, even if illegal, did not cause a problem for anyone, or
- Claims of a similar nature

TIME DEADLINES FOR REQUESTING A CITATION REVIEW:

Citation Review requests must be received within twenty one (21) days of the citation issue date or within fourteen (14) days of the mailing of the notice of delinquent citation. Failure to meet these deadlines will result in the loss of any opportunity to contest the citation, and all fines will be due according to the schedule on the citation.

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR CITATION REVIEW:

Print legibly and be as detailed as possible. Use the reverse side if necessary. Attach a photocopy of the citation to the form. Keep the original citation in your possession; do not leave it with the Request for Citation Review. The review committee will not make phone calls or obtain supporting documentation on your behalf. Any information you want considered as part of your review must be attached to your appeal. Return the form to the TAPS Office in person, or mail the form to:

Transportation Services
University of California, Davis
1 Shields Avenue
Davis, CA 95616

When your appeal is received by the TAPS office, processing on the citation is suspended until the review is finalized. If you do not receive notice of a decision by US Mail within ten (10) days, it is your responsibility to check on the status of the review in order to avoid late fees and other penalties.

If the review is granted and the citation dismissed, you will be notified that no fine will be due, and no further action would be necessary on your part. If the citation is upheld as a result of the review, you will be mailed a notice with the reason for the denial, and will be advised that payment of the original fine is due. Instructions for contesting the outcome of the Citation Review will be provided if the appeal is denied.

*****If you choose not to request a review and pay the citation fine, you may pay online at taps.ucdavis.edu or in person at the TAPS office or the campus Cashier’s Office at Dutton Hall. Payment can also be made by mailing a personal check or money order made payable to UC Regents to Transportation Services, UC Davis, One Shields Avenue, Davis CA 95616.***

REQUEST FOR CITATION REVIEW

Do not complete this form until you have read all instructions completely.

NAME: _____

MAILING ADDRESS (appeal result will be sent to this address):

CITY: _____ STATE: _____ ZIP CODE: _____

PERMANENT ADDRESS (if different from above): _____

EMAIL ADDRESS: _____

TODAY'S DATE: _____ VEHICLE LICENSE #: _____

CITATION #: _____ DATE ISSUED: _____

PERMIT TYPE AND # (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. **PRINT LEGIBLY.**

I certify that the above testimony is true under penalty of perjury. I have read and understand the attached "Instructions for Citation Review" form.

SIGNATURE: _____ DATE: _____

****DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY****

Your appeal has been: () Granted-No further action on your part is necessary. The citation has been dismissed for the following reason (s):

() Denied- Please see the attached sheet for an explanation of the denial and options that are available to you.