FULLERTON COLLEGE
CAMPUS SAFETY
321 E. Chapman Avenue
Fullerton, CA 92832-2095
714-992-7080

CITATION #	DATE ISSUED:
LICENSE PLATE #	

PARKING VIOLATION APPEAL FORM

PLEASE PRINT LEGIBLY - THIS WILL BE YOUR MAILING LABEL

NAME_____

ADDRESS_____

CITY, STATE, ZIP: _____

Home Phone # (_____)_____ **Work Phone #** (_____)_____

Cell Phone # (_____)_____

STATUS:
- ● **STUDENT - ID # @**_____
- ● **STAFF / FACULTY**
  Department: _____
- ● **VISITOR**

NOTICE:

All persons receiving a citation shall, within twenty one (21) days of the date of Notice of Parking Citation. 1. Pay the parking penalty, or 2. Contest the citation in writing by filing an appeal. To file an appeal, complete this form and sign your statement, attach the original citation. The results of the appeal will be mailed to you usually within **10-20** working days to the above address you provided.

IMPORTANT:
Complete information will be necessary for an appeal to be processed. Incomplete or errors in your appeal will result in delay or unfavorable rulings.

REASON FOR APPEAL:
(Provide specific and verifiable facts, including diagrams, which substantiate your appeal) Please write legibly and be very specific.

_____
_____
_____
_____
_____
_____
_____
_____
_____

I certify that the foregoing statements are correct. If more room is needed please attach a separate sheet of paper.

Signature_____ **Date**_____

FOR OFFICE USE

Received By:	**Date Received:**	**Parking Permit #:**	**Priors:**
Reviewed By:	**Date Reviewed:**	**Officer's Recommendation** **Dismissed _____ Upheld _____**	
Officer's Comments:			
Director's Signature:	**Date Reviewed:**	**Dismissed ____Upheld _____**	**Photo Taken: _____**
Director's Comments:			
Mailed By:	**Date Sent**	- IF **UPHELD** the full fine amount is due within **21 DAYS** from **the date sent.**	**Code Number:**