Citation Appeal Forms must be submitted within 21 calendar days from the date of the parking citation. Appeals submitted after 21 calendar days from the date of citation will not be accepted and the fine must be paid with any applicable late fees.

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>STAFF/FACULTY (DEPT._________________)</th>
<th>VENDOR</th>
<th>VISITOR</th>
<th>OTHER (EXPLAIN_______________________)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cal Poly EMPL ID #</td>
<td>PHONE #</td>
<td>PARKING PERMIT #</td>
<td>PERMIT TYPE</td>
<td>VEHICLE LICENSE #</td>
</tr>
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<td>__ __ __ __ __ __ __ __</td>
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NAME AND MAILING ADDRESS: (PRINT NEATLY)

Name: __________________________________________
_______________________________________________
_______________________________________________
_______________________________________________

REASONS NOT CONSIDERED FOR DISMISSAL:
1. Ignorance of the Parking Rules and Regulations
2. Failure to see/ read signage.
3. Failure to locate a parking space.
4. Parking or stopping for a short period of time.
5. Expired Meter / Time (not related to mechanical malfunction)

DISPOSITION OF THIS APPEAL REQUEST WILL BE SENT TO THE MAILING ADDRESS GIVEN. IT IS YOUR RESPONSIBILITY TO CALL THE UNIVERSITY POLICE AT (805) 756-6654 IF YOU HAVE NOT RECEIVED YOUR DISPOSITION WITHIN 30 DAYS OF YOUR APPEAL DATE.

I CERTIFY THAT THE FOREGOING STATEMENTS ARE CORRECT:

________________________________________________________________________

APPEAL DATE _____ - ____ -____

SIGNATURE

FOR OFFICE USE ONLY

PERMIT#: ___________________ PERMIT TYPE: ___________________ PURCHASE DATE: ____-____-____ $ PAID: __________

ADDITIONAL INFO: ____________________________________________________________

DISPOSITION:

ISSUED BY: ___________________ RESPONSE DATE ____-____-____

☐ CITATION UPHELD $ ___________ ☐ DISMISSED ☐ REDUCED TO $ ___________ ☐ APPEAL DENIED

REMARKS:

Make checks payable to: Cal Poly. Remit payment to: Cal Poly State University Cashiers, San Luis Obispo, CA 93407-0505

IF YOU WISH TO CONTEST THE RESULTS OF THIS INITIAL CITATION DISPOSITION, YOU HAVE 21 DAYS FROM THE DATE OF RESPONSE WRITTEN ABOVE, TO REQUEST AN ADMINISTRATIVE HEARING. SEE THE ENCLOSED INFORMATION REGARDING ADMINISTRATIVE HEARINGS.

DISPOSITION MAILED DATE ____-____-____

Appeal Flag (On) ________ Appeal Flag (Off) _________