

Submitted for Review:

____/____/____

By: _____

Parking Citation Appeal
Complete and return to:
CAL POLY, SAN LUIS OBISPO
TRANSPORTATION AND PARKING SERVICES
SAN LUIS OBISPO, CA 93407-0140
(805) 756-6654

--Office Use Only--

No. _____

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.

STUDENT _____ STAFF/FACULTY (DEPT. _____) VENDOR _____ VISITOR _____ OTHER (EXPLAIN _____)			
Cal Poly EMPL ID # _____	PHONE # () _____	PARKING PERMIT # _____	PERMIT TYPE _____
CITATION # _____ ISSUE DATE: ____ - ____ - ____		VEHICLE LICENSE # _____	STATE _____
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)	

REASON FOR APPEAL:

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:

SIGNATURE

APPEAL DATE ____ - ____ - ____

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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) _____