REQUEST FOR ADMINISTRATIVE REVIEW OF A PARKING CITATION

Name: _____
(Last Name) (M) (First Name)

Address: _____

City/State/Zip: _____

Telephone Number: _____ Citation Number: _____
(Failure to provide citation number will desist the processing of your appeal)

STATE SPECIFICALLY YOUR REASON(S) FOR CONTESTING: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(CONTINUE ON REVERSE SIDE)

Signature: _____ Date: _____

The Hearing Examiner will conduct a review of your citation based on the information you provide, so please write legibly and include any documentation you feel may be pertinent to your appeal. The result of your appeal will be mailed to you within 10 calendar days from the date the appeal is submitted to the Parking Services Department. Therefore, it is essential that the correct mailing address be provided.

You have 21 calendar days from the "Notice of Illegal Parking" or 14 calendar days from the "Notice of Delinquent Parking Violation" to submit your appeal. Failure to respond within the specified days indicated above will result in the loss of your right to appeal.

MAIL APPEAL TO: Rio Hondo College, Attention: Parking Services
3600 Workman Mill Rd.
Whittier, California 90601.

Revised 5/00