

Parking Services • (310) 243-3725 • Carson, CA 90747

ADMINISTRATIVE HEARING FORM (Please Print)

Name		Citation #:
Address:		Date Issued:
City / State / Zip:		Vehicle License #:
Phone #: Home	()	Work ()
☐ Student	CSUDH Permit #	Location Posted:
☐ Employee	CSUDH Permit #	Location Posted:
☐ Visitor	CSUDH Permit #	Location Posted:
Attach a copy of Administrative Review Form. If one was not processed, please process an Administrative Review and wait for Officer's decision.		
*** FOR OFFICE USE ONLY ***		
Hearing Officer:		
Hearing Date:		Hearing Time:
Comments:		
Hearing Officer's Decision:		
Signature:		Date:
Decision Mailed Decision handed to requesting party		
Date Entered Int	o System:	By: