

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

REQUEST FOR ADMINISTRATIVE REVIEW (Please Print)

(= =	cuse I IIII)
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:
Please state why you believe the citation should be	e rescinded:
If more space is peeded, please attach a same	arate sheet of paper. Attach any relevant material(s).
	Date:
*** FOR OF	FICE USE ONLY ***
Officer Comments:	
The facts above have been reviewed by the issuing of	officer and their supervisor. The above referenced citation
HAS ☐ HAS NOT ☐ been recommended to	for dismissal.
Issuing Officer:	Date:
Supervisor:	Date:
Issuing officer unavailable to review cit	tation. Referred to Hearing Officer for adjudication.
Hearing Officer's decision	on to be mailed to you senarately.