LOS ANGELES MISSION COLLEGE

13356 ELDRIDGE AVENUE, SYLMAR CA 91342

ADMINISTRATIVE REVIEW OF PARKING CITATION

GENERAL INFORMATION: CITATIONS WILL NOT BE RECOMMENDED FOR DISMISSAL FOR A LOST OR FORGOTTEN PERMIT, IMPROPERLY DISPLAYED PERMIT, LACK OF KNOWLEDGE OF LAWS AND REGULATIONS AND/OR FAILURE TO SEE THE POSTED SIGNS. THIS FORM MUST BE FILED WITHIN 21 DAYS OF THE DATE ON THE CITATION. YOU MUST FILL OUT THIS ADMINISTRATIVE REVIEW FORM COMPLETELY. INCOMPLETE OR INCORRECTLY FILLED OUT FORMS WILL NOT BE CONSIDERED. PLEASE BE SPECIFIC IN EXPLAINING WHY THE CITATION SHOULD BE DISMISSED. IF YOU DO NOT AGREE WITH THE FINDINGS OF THIS ADMINISTRATIVE REVIEW, YOU MAY REQUEST A HEARING ON CAMPUS. THE HEARING REQUEST MUST BE NO LATER THAN 10 DAYS AFTER THIS FORM IS MAILED OR 21 DAYS FROM THE DATE OF THE CITATION, WHICHEVER IS LATER. TO SCHEDULE A HEARING, YOU MUST COME IN PERSON TO THE COLLEGE SHERIFF STATION, YOU MUST BRING THIS NOTICE. THE CITATION AND A CHECK OR MONEY ORDER MADE PAYABLE TO L.A.M.C. FOR THE AMOUNT OF THE FINE INDICATED ON THE CITATION. STUDENT ID: NAME: ADDRESS: TELEPHONE #: CITY, STATE, ZIP: ___ CITATION INFORMATION: CITATION #: VEHICLE LICENSE #: _____ DATE ISSUED: TIME ISSUED: _____(_AM / PM)_ VIOLATION: LOCATION: AT THE TIME OF THE CITATION, I WAS: STUDENT PERMIT #: __ GUEST OF EMPLOYEE PERMIT #: _____ VISITOR STATEMENT OF APPEAL: *** IF MORE INFORMATION IS NEEDED, ATTACH AN ADDITIONAL SHEET. INCOMPLETE FORMS WILL NOT BE PROCESSED. I HAVE READ THE GENERAL INFORMATION BOX AT THE TOP OF THIS FORM. THE FACTS PRESENTED ABOVE ARE TRUE AND CORRECT. DATE: - - 200 SIGNATURE: ** THE ADMINISTRATIVE REVIEW WILL BE MAILED TO THE ADDRESS YOU PROVIDED ABOVE WITHIN 10 BUSINESS DAYS. *** FOR OFFICE USE ONLY****** COMPLETED FORM RECEIVED BY: ______ DATE _____ FORM MAILED OUT BY: DATE ADMINISTRATIVE REVIEWERS DECISION | VALID CITATION | CITATION DISMISSED ADMINISTRATIVE REVIEWER: _____ DATE: _____

REMARKS: _____