

CITATION APPEAL FORM

Instructions

- Complete this form including your reason(s) for contesting the citation. Attach a photocopy of your citation and any supporting evidence.
- Mail form within 21 calendar days of the citation issue date or 14 calendar days from the mailing of a notice of delinquent parking violation to: **Parking Citation Service Center, Post Office Box 11923, Santa Ana, CA 92711**
- **Reminder:** You can appeal citations online paymycite.com/ucsf

Citation Number	License Plate Number	Date Issued
Name (Last, First, MI)	Phone	
Street Address	E-mail address	
City	State	Zip Code
		UC Campus Box

Reason for Contesting. Provide a concise statement describing the reason(s) for your appeal.

X	
Appellant's Signature	Date Signed

For Parking Operations Use Only

Cite Type <input type="checkbox"/> Public <input type="checkbox"/> Permit Permit Number _____ Permit Issued Date _____ Office Notes _____	Cite Type <input type="checkbox"/> Valid <input type="checkbox"/> Dismissed Judgment Date _____ Adjudication Officer _____	Date Received Stamp
--	--	--