



**Regional  
Transit**

**REQUEST FOR ADMINISTRATIVE REVIEW  
CITATION CONTEST FORM**

**Important Notice:** This review must be requested within 21 calendar days from the issuance of the notice of parking violation, or within 21 calendar days from the mailing of the notice of delinquent parking violation.

Today's Date: \_\_\_\_\_ Citation Number: \_\_\_\_\_ License Plate # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**REASON FOR REQUESTING REVIEW:**

This review will be based on the information provided. Information provided at a later date will **NOT** be considered. Attach or include all photo's, diagrams, copies of permits, placards, etc. Please explain your reason for believing this citation was issued in error.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>Internal Use Only</u></b>	
<b><u>Administrative Review Decision</u></b>	
_____ <b>Citation Upheld</b>	_____ <b>Citation Dismissed</b>
_____	
_____	
_____	
<b>Signature</b> _____	<b>Date</b> _____