



Administrative Hearing Request Form



I would like my hearing to be conducted: [] In Person [] By Phone [] In Writing

Name: _____ Ticket #: _____

Address: _____ Ticket Date: _____

City: _____ State: _____ Zip: _____ Vehicle License: _____

Day Time Phone: _____ E-mail Address: _____ Violation: _____

ATTACH ALL EVIDENCE YOU PLAN TO SUBMIT WHICH SHOWS THAT THE TICKET IN QUESTION WAS NOT VALIDLY ISSUED.
(I.E.: copies of parking permits; disabled placards; documents or testimony of witnesses; photographs showing relevant signs posted or curb striping)

I wish to dispute the parking ticket issued to me for the following reasons:

(IF MORE ROOM IS NEEDED PLEASE ATTACH A SEPARATE SHEET OF PAPER)

Check Deposit Required

(Failure to submit the required deposit in the full fine amount will automatically result in a valid determination)
My check in the amount of \$_____ is attached. I understand that my check will be held in the Administrative Hearing Office until a final decision is rendered. Should the ticket be dismissed, the full fine amount will be refunded to you. If the ticket is found valid the Parking Management Bureau will retain and deposit the check.

Signature _____

Date _____

Submit completed form with your check in the amount of the fine to:	Parking Management Bureau One University Circle Turlock, CA 95382
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FOR OFFICIAL USE ONLY

ADMINISTRATIVE HEARING OFFICER DECISION

[] Ticket Dismissed

[] Ticket Valid

Reason: _____

Signed: _____

Date: _____