

California State University, Sacramento

University Transportation and Parking Services (UTAPS)
Mailing Address: 6000 J Street, Sacramento, CA 95819-6076
Physical Location: Welcome Center

T (916) 278-7275 F (916) 278-5078 www.csus.edu/utaps

REQUEST FOR APPEAL HEARING, LEVEL 2

- This form is for those contesting the parking citation appeal decision that was rendered on a Level 1, Administrative Review.
 The request for Appeal Hearing, Level 2 must be submitted to the UTAPS office within 21 calendar days of the date on the Level 1 liable notice.
- California vehicle code 40215 (b) requires payment for the citation at the time the Appeal Hearing is requested. If the citation is dismissed, a refund will be administered.
- Please specify why the Administrative Review, Level 1 decision should be reversed in the justification field below. A written hearing will be performed if a hearing type is not selected.
- Submit this form and your payment to the UTAPS office in person, online or by mail. Please see mailing, physical and website address above.

Name	Phone Number				
Address					
Street	Apartment	City	State	Zip Code	
Citation Number	Vehicle License	Plate Number			
Parking Permit Number	Registered Own	Registered Owner of Vehicle			
Your Relationship to Registered Owner		Type of hearing	desired: Wri	tten In Person	
Please record your justification for dismissal be	elow. If necessary, please attach a	ny evidence essenti	al to your hearing i.	e. daily parking permit.	
Appellant Signature		Date			
FOR OFFICE USE ONLY					
Tape Recorder Start: End:		Decision:	Liable Not I	_iable	
Comments:					
Signed by:		Mailing Date:			