SAN DIEGO STATE UNIVERSITY POLICE DEPARTMENT

REQUEST FOR ADMINSTRATIVE REVIEW (APPEAL)

APPEAL PROCESS:

You must fill out this form within 21 calendar days from the date of the citation. For your administrative review to be considered you must pay for your violation prior to submitting this appeal. Proof of payment is required via the transaction code printed on your receipt.

The administrative review will be based on the evidence presented in your statement. The police officer will have the ability to present the facts under which the citation was issued. Should the determination be in your favor, a refund will be issued within 30 - 60 days.

Name:			Red ID #:				
Email (Required)):						
Payment Transa	ction Code #:						
				ation #:			
Reason the citation was issued:							
Smoking	Bicycling	Skateboarding	Other (Please list)				
_							
Why do you feel this citation should be canceled?							

Police Officer Statement:			
Date:			
University Police Final Review	Unhold	Dismiss	
Records Notified Date:			
Appellant Notified Date:			
Refund Request Submitted Date: _			