

**PARKING ADJUDICATION
ADMINISTRATIVE REVIEW APPLICATION**

An Administrative Review must be completed within 21 calendar days from the date the citation was issued. Please complete the section 1 and 2 of this form. Attach any documents that you feel may best support your statement(s) of facts. Incomplete applications will not be accepted. Please print legibly.

Section 1- Your Information – Please Print Legibly

First Name: _____ Last Name: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Status: _____ Student _____ Faculty _____ Visitor

Section 2 – Statement of Facts

Complete one review form for each citation. Any statements written outside of this area will be disregarded.

Citation # _____ Vehicle Plate # _____ Otis Permit # _____

Briefly explain why the citation should be reviewed for dismissal:

Attach all evidence/documents that you feel support your statement(s).

I certify that the information provided is true and correct.

Signature: _____ Date: _____

Office Use Only

Compliance Comments: _____

The above information has been reviewed and resulted in: _____ Dismissal/Warning _____ Upheld

Date Reviewed: _____ Review Board Comments: _____