

Email:parking@fullerton.eduPhone:(657) 278-3082Fax:(657) 278-4533Website:parking.fullerton.edu

## **Request for Parking Ticket Administrative Review**

Ticket Number:	□ Faculty/Staff CWID	:	
Vehicle License:	□ Student CWID:		
Date of Ticket:	□ Visitor/Other <b>UID</b> :		
Name:	Telephone #:	Telephone #: Permit #:	
Street Address:	City:	State:	Zip Code:
Email:		•	
	rative <b>review</b> only. Be certain to explain all facts and necessary to support the review, such as a daily perre on this form. Initial here:		
The above is a true and accurate account of the my reasons for believing that this parking ticket	e facts surrounding the issuance of my CSUF parking tic t should be dismissed.	ket as I understar	nd them and
Signature:	Date:		
	For Parking and Transportation Use Only		
Entered:	Uploaded		
Date: Initials:	Date: Initials:		

W:\Parking\FrontCounter\Forms\Old Forms