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## FRESNO PACIFIC UNIVERSITY PARKING REVIEW FORM

Department of Campus Safety  
1717 S. Chestnut Avenue,  
Fresno, California 93702  
Ph: (559) 453-2298

Today's Date \_\_\_\_\_

### **Request for Administrative Review of Parking Citation**

This form must be filled out completely and legibly in order for it to be processed.

Citation Number: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date Issued: \_\_\_\_\_

First Name: \_\_\_\_\_

License Plate: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Ph#: \_\_\_\_\_

Driver's Name

FPU I.D. #: \_\_\_\_\_

\_\_\_\_\_  
(If not registered owner)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Please state the circumstances of violation showing factual evidence of an invalid citation

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For Office Use Only:

Liable

Warning

Not Liabile