REQUEST FOR PRELIMINARY ADMINISTRATIVE REVIEW OF PARKING CITATION

THE FOLLOWING ARE NOT ACCEPTABLE GROUNDS FOR REVIEW OF A PARKING CITATION:

- **Forgetfulness, parking only for a short time, parking in an almost empty lot, curbs not painted red, not knowing the rules and regulations, and/or not seeing the signs.**
- **Not having funds.**
- **Told it was free to park.**
- **Never received the citation or notification in the mail (it is not SWC responsibility for lost mail/wrong address at DMV).**

Refer to the parking regulations information in the class schedule.

ADMINISTRATIVE REVIEWS OF PARKING CITATIONS ARE GOVERNED BY SECTION 40215 OF THE CALIFORNIA VEHICLE CODE.

- **Citations must be appealed within twenty-one (21) calendar days of issue or fourteen (14) calendar days from the mailing of the Notice of Delinquent Parking Violation.**
- **The request for preliminary review must be filled out completely and legibly.**
- **Do not staple, clip, or attach citation to this form. You must retain citation.**
- **Your appeal will be reviewed and a final decision will be made. A copy of this form stating the results will be mailed to the address you have listed on the reverse side of this form or by email if it is given. If the address is incorrect or the appeal was not received it is your responsibility to call and get the status of your ticket we are not responsible for mail delivery. THIS REVIEW IS FINAL AT THE DISTRICT LEVEL.**
- **For citations that are upheld, payment must be made within 21 calendar days after notification is mailed to you. You may make payment online at www.paymycite.com , or in person at the College Police Office located in 105 D or by sending a check (include the citation number or it will be returned to you) you can send payment to:**

COLLEGE POLICE DEPARTMENT
SOUTHWESTERN COLLEGE
900 OTAY LAKES RD
CHULA VISTA, CA 91910

- **IF YOU DO NOT AGREE WITH THE RESULTS OF YOUR PRELIMINARY REVIEW, you may request an administrative hearing within twenty-one (21) calendar days after the review notification is mailed to you.**

- **To request an administrative hearing, contact Parking Management by bringing in a letter stating you would like to contest the appeal and have a hearing to room 105 D or email Parking Services at swcparking@swccd.edu. Once contact is made, payment for the citation and the Hearing Officer Fee of $20 (not refundable) is paid, the request will be filed and the court will contact you with a hearing date. The administrative hearing is final. Unsuccessful appellants are advised of their right to pursue the matter in civil court.**

- **If you have any questions you can contact Campus Police at (619) 482-6380, Monday thru Saturday, 7:00 a.m. to 10:30 p.m.**

** DO NOT FILL OUT THIS FORM UNTIL YOU HAVE READ THE INSTRUCTIONS ON REVERSE SIDE**

**********PLEASE PRINT LEGIBLY**********

- **REQUIRED FILED:** ***THIS FORM MUST BE FILLED OUT COMPLETELY.***

***FIRST NAME:_____ *LAST NAME:_____ Permit #:_____**

I AM A: *STUDENT ID #:_____ *STAFF ID #:_____

***VISITOR SEEING:_____ *LAST FOUR OF SOCIAL SECURITY #: _____**

***CITATION #:_____ *DATE ISSUED:_____ *TIME ISSUED:_____**

OFFICER NAME:_____ *VEHICLE LICENSE PLATE #: _____

***CIRCLE THE REASON THE CITATION WAS ISSUED**

NO VALID: STUDENT STAFF IMPROPER AREA NOT DESIGNATED METER HANDICAP VISITOR TABS

CIRCLE THE LOCATION OF WHERE THE CITATION THE WAS ISSUED:

MAIN CAMPUS: A B C D E F G H I J K L M N O P METER #: _____

OTAY MESA: STAFF STUDENT NATIONAL CITY: LEVEL 1 LEVEL 2 LEVEL 3 SAN YSIDRO: STAFF STUDENT

***YOUR PHONE #: _____**

***EMAIL ADDRESS: _____**

HOME ADDRESS_____

_____

STATE THE REASONS WHY YOU THINK THE PARKING CITATION SHOULD BE REVIEWED:

_____

_____

_____

_____

_____

_____

_____

- **I have read and understand the instructions on the reverse side and believe that my situation meets the requirements for review.**

SIGNATURE: _____ ***DATE:*** _____

CITATION UPHELD:		***RESPONSE:***
CITATION VOIDED:		
REVIEWED BY:		
NOTIFICATION DATE:		