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CITY OF BERKELEY

REQUEST FOR ADMINISTRATIVE REVIEW FORM

Please Type or Print Clearly

CITATION NUMBER(S)	SECTION(S) VIOLATED	LICENSE PLATE NUMBER(S)

Date: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

I am requesting a review of the above listed citation(s). The reason for this review is based on the following fact(s):

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NOTE:
If you do not receive a written decision to this administrative review within 15 days, it is your responsibility to contact this office at the below telephone number for the results. Failure to contact this office within this time frame may result in an increase of fees and the possible waiver of future rights to contest this citation. If you have any supporting evidence you must attach it with this form i.e. picture, witness statements, receipts etc.

I hereby certify under penalty of perjury that these statements are true and correct.

Signature_____ _____

Mail To: City of Berkeley
Attn: Customer Service
1947 Center Street
Berkeley, CA 94704

For Office Use Only:

Valid [ ]	Invalid [ ]	Prim Code [ ]