

CITY OF BERKELEY REQUEST FOR ADMINISTRATIVE REVIEW FORM

City of Berkeley, Citation Processing Center, PO Box 29, Berkeley, CA. 94704 Tel: 844.855.2333 TDD: 510.981.7250

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	ted citation(s). The reason for this review is based r statement, i.e.; pictures, witness statements, re	
telephone number for the results. Failure to co	s administrative review with 21 days, it is YOUR respo ntant this office within this time frame may result in an ave any supporting evidence you must attach it with this	n increase of fees and the possible of waiver of
I hereby certify under penalty of perjury that t	these statements are true and correct.	
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