# CITY OF BERKELEY
# REQUEST FOR ADMINISTRATIVE REVIEW FORM

City of Berkeley, Citation Processing Center, P.O. Box 54017, Los Angeles, CA. 90054-0017 Tel: 866.226.9288 TDD: 510.981.7250

***Please Type or Print Clearly***

| CITATION NUMBER(S) | SECTION(S) VIOLATED | LICENSE PLATE NUMBER(S) |
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Date: _____

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I am requesting a review of the above listed citation(s). The reason for this review is based on the following fact(s):
***(Please attach evidence supporting your statement, i.e.; pictures, witness statements, receipts, schedules, etc.)***

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**NOTE:**
If you do not receive a written decision to this administrative review with 21 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 of waiver of future rights to contest this citation. If you have any supporting evidence you must attach it with this form i.e. picture(s), witness statement(s), receipts etc.

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

Signature _____

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