

MIRACOSTA COLLEGE POLICE DEPARTMENT
PARKING CITATION REQUEST FOR REVIEW BY APPEALS COMMITTEE

Citation Number: _____ Issue Date: _____

Citation received at: Oceanside (main) _____ SEC _____ Community Learning Center _____

Date of Request: _____ Vehicle License Plate #: _____

Name: _____ ID#: _____

I am a: () Student () Staff () Visitor Decal #: _____

Address (Please Include City and Zip): _____

Telephone Day/Evening: () _____

The purpose of a review is to provide some additional information that the officer or CSA was not aware of at the time the citation was issued. Please state your reason for appealing this citation in the space provided (on the back of this form). All requests are to be returned to the MiraCosta College Parking office (mailing address: One Barnard Drive Oceanside, CA 92056) within twenty-one (21) days from date of issuance. It is imperative that you present a preponderance of credible evidence against the prima facie case presented by the issuing agency. **Attach any documents you feel are necessary to help support your case (i.e.- copy of your disabled person ID, copy of a parking permit, etc.)**

Once the citation review has been completed, you will be notified by mail of the results. This process could take up to six weeks; however, you are not responsible for the citation until the appeal process is complete. This document will be reviewed by members of MiraCosta College District Appeal Committee: One Faculty, one staff, and one student representative.

I declare under penalty of perjury that the facts are true and correct.

Signature: _____ Date: _____

Office Use Only:

Date Submitted: _____ Accepted By (ID#): _____

OFFICER REVIEW FORM

OFFICE USE:

Number of prior citations received: _____ Date(s): _____

Additional staff comments: _____

ISSUING OFFICER: _____ **BADGE #:** _____

Recommend Dismissal: Yes _____ No _____

Reason:

Supervisor's Signature: _____ **BADGE #:** _____

Recommend Dismissal: Yes _____ No _____

Reason:

**INTERNAL INVESTIGATION COMMENTS
(COMMITTEE MEMBERS ONLY)**

FACULTY:

Recommend Dismissal: Yes _____ No _____ DATE: _____

COMMENTS:

STAFF:

Recommend Dismissal: Yes _____ No _____ DATE: _____

COMMENTS:

STUDENT:

Recommend Dismissal: Yes _____ No _____ DATE: _____

COMMENTS:
