

## IVC Parking Control Waiver 380 E. Aten Road, Imperial, California 92251

(760) 355-6308 or (760) 355-6306, FAX (760) 355-6309

IAME:			DATE:			
Last	First	MI	_			
Citation Number #	Date of Citation	Vehicle License Plate #	State	I	Email address	
IVC ID # or SSN#	()Phone Nu	<u>Check one:</u>	Student □ Other □	Staff □	Guest/Visitor □	
	<del>*</del> -	mioci	Ouic			
Address:Number	Street	City		State	Zip Code	
Reason for contesting ci	tation ( <i>Print legibly</i> ): _					
	- 10 110 J-2006					
	form if additional space is locument(s) and/or evidence su	s needed) supporting your case. All documents	submitted to th	ne Campus Saf	fety and Parking Control	
Any decision made by the Parithis form. You are responsible	king Citation Review Examin e for contacting the Parking C	ner will be emailed or mailed to you Control Office if you do not hear a re	within 7-9 busi esponse within	iness days to the 14 days.	he address indicated on	
Under penalty of perjury, the fan explanation as to why I fee	foregoing reflects to the best o	of my knowledge, a true, accurate ar issed.	nd correct stater	nent of facts r	regarding my citation and	
Signature:			Date: _			
	**	FOR OFFICE USE ONLY	<sup>7</sup> **			
Decision Date:	I	Reviewed By:				
	itation Dismissed, Retain Instructions for further a	this form for your records appeal options)	□ Fiı	ne Reduced ther:	to \$25.00	