



REQUEST FOR ADMINISTRATIVE HEARING

CALIFORNIA VEHICLE CODE 40215(B) REQUIRES PAYMENT FOR THE CITATION AT THE TIME THE ADMINISTRATIVE HEARING IS REQUESTED.

Last Name		First Name	Middle Initial
Street Address		City	State Zip
Southwestern College			
Citation Number	Issuing Agency		License Plate Number

I, _____, do not agree with the preliminary appeal review results and would like to request an Administrative Hearing. I understand that payment for this citation must be paid in full in order to proceed with this hearing.

- ☐ I request a hearing in person
- ☐ I request a hearing by written declaration

SIGNATURE

DATE

PHONE NUMBER

EMAIL

Form may be submitted to SWC College Police in person, via U.S. mail or via email at the following address:

**SOUTHWESTERN COLLEGE PARKING SERVICES
900 OTAY LAKES ROAD, ROOM 105D
CHULA VISTA, CA 91910
SWCPARKING@SWCCD.EDU
(619) 216-6611**

*****OFFICE USE ONLY*****

Date citation paid: _____ Receipt/Confirmation #: _____ Amount paid: _____
Method of payment: Cash / MasterCard / Visa / Check # _____ / Money Order # _____