REQUEST FOR ADMINISTRATIVE REVIEW

Glendale Community College Police

818-240-1000, Ext. 5925

Name:_____

Address: _____

City/State/Zip_____

Tel: _____

CITATION # _____ DATE:_____

LOCATION: _____ VIOLATION #_____

VEHICLE LICENSE PLATE _____

Please print the reasons why you dispute this citation:

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IF YOUR CITATION IS NOT DISMISSED:

You have 21 days from the date of the citation or 10 days from the date of the penalty notice to mail in your penalty fee. **MAIL THIS FORM TO: 1500 N. Verdugo Rd. Glendale, Ca 91208.** Community Service and payment plan arrangements are available upon request.

Signature: _____ Date: _____

Accepted By:_____ Date: _____