Shasta College Initial Administrative Review

An “Initial Administrative Review” form may be requested in person or online. Please be specific when explaining why you feel dismissal of the citation is warranted.

RETURN THIS COMPLETED FORM TO THE CAMPUS SAFETY OFFICE WITHIN 21 DAYS OF CITATION DATE

PLEASE TYPE OR PRINT THE FOLLOWING:
(Review determination will be mailed to address provided)

Name: ____________________________________________
Address: _________________________________________
City: __________________State:___Zip:______

(Citation Number)
(Date/Time Citation Issued)
(Vehicle License Number)
(Permit Number – Or Other)

Contact Phone: (___) _____________________________  Alternate Phone: (___) ______________

Statement of Facts: ________________________________________________________________
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__________________________________________________________  Date: ________________

Signature:

(For Official Use Only)

Reviewed by: ____________________________ I.D. No: _____________  Date: ________________

☐ Citation Dismissed  ☐ Citation Valid

Comments:

_________________________________________________________________________________

If you wish to pursue this matter, read and complete the attached Request for Administrative Hearing and return form to:

Shasta College – Campus Safety Room 5015
PO Box 496006
Redding, CA 96049-6006
(530) 242-7913
Fax (530) 225-3905

03/2013