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: __________________________________________________________
(Citation Number)

Address: _________________________________________________________
(Date/Time Citation Issued)

City: __________________________State:___Zip:______
(Vehicle License Number)

(permit Number – Or Other)

Contact Phone: (___) ____________________ Alternate Phone: (___) _____________

Statement of Facts: ________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Signature: _____________________________ Date: ________________________

Email Address if you would like your results electronically: ________________________________________

(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