IMPERIAL VALLEY COLLEGE

Parking Control Office
380 E. Aten Road, Imperial, California 92251
(760) 355-6308 or (760) 355-6306, FAX (760) 355-6309

IVC PARKING CITATION APPEAL FORM

The IVC Parking Citation Appeal Process and Administrative Hearing Process are mandated by California Vehicle Code Article 3, Sections 40200.7 and 40215, which was enacted by the State Legislature, Assembly Bill 408, effective July 1, 1993, and Assembly Bill 1228, effective January 1, 1996. All time restrictions, with respect to different appeal levels, are made pursuant to the aforementioned legislation. Any questions about this process should be directed to the IVC Parking Control Office at (760) 355-6306.

If an individual feels they have incorrectly been issued a parking citation, they may appeal the citation by completing the Parking Citation Appeal Form.

Upon receipt of this completed form, the Parking Citation Internal Review Examiner will review the citation, the individual's explanation and the officer's explanation. **The Parking Citation Review Examiner is the final District authority concerning such reviews on campus**.

IN ORDER FOR YOUR REQUEST TO BE PROCESSED, THE FOLLOWING INSTRUCTIONS MUST BE FOLLOWED:

I. Initial Waiver: You must submit this waiver, which is the first step in the appeal process, before the citation is twenty-one calendar days old. If your waiver is accepted, no further action on your part is required. If your waiver is denied, you may choose to have an administrative hearing (see number II) or to pay the fine (see number III).

1. Forgetting to display permit, not knowing the regulations and/or not seeing the posted signs are not acceptable grounds for review.

2. Any decision made by the Parking Citation Review Examiner will be mailed to you within 3 to 5 weeks to the address indicated on the submitted appeal form. You are responsible for contacting the Parking Control Office if you do not hear a response within 14 days.

II. Hearing Examiner Appointment: If your waiver has been denied you may choose to have your case heard by an independent hearing examiner by following the directions below:

1. **The person requesting a Citation Review must deposit the amount of the citation fine (CVC 40215.b) when submitting the Parking Citation Appeal Form to the Parking Control Office. This is a fine deposit: Hearing will not be scheduled without payment of deposit. Your fine deposit must be a check or money order, no cash.**

2. If the hearing examiner finds in your favor the College District will refund your fine.

3. To qualify as indigent you must be a recipient of financial assistance such as Unemployment, AFDC, SSI, etc. You may request an indigent status application form at the Parking Control Office.

4. Sign below and check (√) whether or not you want a personal appointment, have enclosed deposit, or you are requesting indigent status.

☐ No Appointment ☐ Personal Appointment ☐ _____Deposit Enclosed ☐ Indigent Status

_____ Date: _____
Signature

III. To pay the fine: You may pay in person, or send check or money order, postmarked within twenty-one calendar days, to the address below. Write your citation number or license plate on your check. Retain this document for your records if you are not requesting a hearing.

IVC Parking Control, 380 E. Aten Road, Imperial, CA, 92251

IVC PARKING CITATION APPEAL FORM
Application

Please complete all areas in ink.

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS ON THE REVERSE SIDE AND BELIEVE THAT MY SITUATION MEETS THE REQUIREMENTS FOR REVIEW.

NAME: _____ **DATE:** _____
Last **First** **MI**

_____ _____
Address **IVC ID # or SSN#**

_____ _____
City / State / ZIP **Phone Number**

_____ _____
Citation Number # **Date of Citation**

_____ _____
Vehicle License Plate **Vehicle Year, Make, Model**

Please check one: **Student ☐** **Staff ☐** **Guest/Visitor ☐** **Other ☐** _____

Reason for contesting the citation: _____

_____

_____

_____

_____

_____

Return completed form to the Parking Control Office (Building 517) or 380 E. Aten Road, Imperial, CA 92251.

I declare under penalty of perjury that the facts are true and correct.

Signature: _____ Date: _____

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

Decision Date: _____ Reviewed By: _____

☐ This appeal is ACCEPTED and the citation is dismissed.
☐ This appeal is DENIED for the following reasons:

_____
_____