CITATION REVIEW FORM

The Citation Review form must be submitted before any request to void a citation will be sent to any city or county agency. By filing this Citation Review Form will not guarantee the citation in question will be voided, the citation is still your responsibility.

INSTRUCTIONS:

1. The Citation review form must be filled out within 7 days of the citation being issued.
2. Attach a copy of the citation and keep the original in your possession.
3. Submit completed copies of the Citation Review Form to CMC Security Office.
4. Allow 5 – 7 days for a decision to be made.
5. You must fill out the form completely; omitting any information will result in the citation being upheld.

Driver Information:

Name:_____ Employee #:_____

Department:_____ Manager Name:_____

Work Phone:_____ Home Phone:_____ Pager #_____

Citation Information: (circle one) City of Fresno City of Clovis County of Fresno

Citation #:_____ Date Issued:_____ Time Issued:_____

Location Issued:_____

Please explain the mistake made by Officer issuing the citation:_____

_____

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Signature:_____ Date Submitted:_____

Official use only:

Citation Upheld:_____ Citation Voided_____ Date notified:_____ Time Notified:_____

Method of Notification:_____ Supervisor:_____

Revised 1-1-2003