



Taxis, Access & Mobility Services Division

ADMINISTRATIVE HEARING REQUEST FORM

I, _____ wish to file an appeal to contest the administrative citation and/or decision, issued on _____.

The citation alleges I violated San Francisco Transportation Code:

_____. I am requesting a fact-finding Administrative Hearing.

I am disputing the administrative citation for the following reason(s):

Signature _____

Date: _____

Print Name:

Address:

Street, Apt/Unit

City, State and Zip

Office Use Only

Witnessed by: _____ Date: _____

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