

LIMITED APPEAL REQUEST – DIVERSION PROGRAM

Submit an Appeal within 15 days to Void Fare Violation Citation

Section A. CONTACT INFORMA	ATION (Please print	egibly)		
Name				
Last	First	Middle		
Date of Birth/ Email Addres	SS			
Mailing Address		ed to send communications regarding your cit Apt. No		
City	State	_ Zip Tel. ()		
Section B. LIMITED APPEAL	BASIS			
CITATION NUMBER	CITATION DAY/_	/ CITATION TIME	: AM/PM	
VIOLATION: Please mark the violation code listed ☐ MTS Ord. 2/Pub. Util. Code 120450 APPEAL BASIS: MTS will review an appeal base	d on your citation (must be ☐ Penal Code 640(c)	(1) □ Penal Code 640 (c)(2)	s):	
☐ PRONTO Card No. (If your valid fare was on a PRONTO Card)				
☐ PRONTO Receipt Order No. (If your valid fare was on a PRONTO Card)				
Paper Ticket (If your valid fare was on a paper ticket purchased on a bus or at a Trolley station)		::::::		
☐ Broken Ticket Machine (If you attempted to buy a fare but ticket machine was broken, either on bus or at trolley station)	Trolley Station:	. Northside of station):		
APPEAL EXPLANATION: Please describe wh				
I certify to the best of my knowledge that inform the appeal to confirm I had valid fare and/or ticles.			ill investigate	
Signature (Parent/Legal Guardian must sign if applicant is under 18)		Date	Date	

Section D. SUBMISSION OF FORM

Return completed form in person or by mail to: MTS Transit Store, 1255 Imperial Ave., Suite 100-A, San Diego CA 92101. You may also submit online at sdmts.com/diversion-program.