



# REQUEST FOR APPEAL

Tow Contractor request to appeal an invoice or violation/termination

**FAX TO**  
Fax to all three contacts

MTC SAFE, attn: Rachel Zack      510-817-5848  
 Caltrans, attn: Kane Wong      510-286-4549  
 CHP, attn: Dwyane Potts      707-648-5311

**FROM**

Contractor & Beat #:  Contact Name:   
 Contact #:  Driver Name:   
 Truck #:  Date:   
 Field supervisor:  Certification Date:

**VIOLATION/  
TERMINATION**  
*Complete only if you are appealing a driver/contractor violation or termination*

Violation type     Major     Minor     Flagrant  
 Notification date:   
 Violation description:

**INVOICE  
APPEAL**  
*Complete only if you are appealing an invoice*

Date	Time	Unit ID	Driver ID	Hours	Deduction

**REASON FOR  
APPEAL**  
*Attach additional sheets if necessary*

Signature/Date:

**APPEALS  
REVIEW  
COMMITTEE  
USE ONLY**

Approval/Date:

Appeal Accepted       Appeal Denied

