



REQUEST FOR APPEAL

Tow Contractor request to appeal an invoice or violation/termination

FAX TO
Fax to all three contacts

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

FROM

Contractor	<input type="text"/>	Contact Name	<input type="text"/>
Contact #	<input type="text"/>	Driver Name	<input type="text"/>
Beat #	<input type="text"/>	Date	<input type="text"/>
Field supervisor	<input type="text"/>	Certification Date:	<input type="text"/>

**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

**APPEALS
REVIEW
COMMITTEE
USE ONLY**

Appeal Accepted Appeal Denied