



**CITY OF CHICO**  
**REQUEST FOR ADMINISTRATIVE REVIEW OF**  
**DECISIONS OF CHIEF OF POLICE ON VEHICLE FOR HIRE PERMITS**  
(Pursuant to Chapter 5.28 of the Chico Municipal Code)



1. Name Address Zip Code Phone

2. Confirmation of the Timely Filing of Request:

Final determination of Chief of Police was made on \_\_\_\_\_  
(Request must be filed within 10 days following the determination)

3. State the determination that was made:

- ( ) Permit was denied
- ( ) Permit was revoked

4. State the reason(s) for requesting administrative review and a justification to support your belief that the determination of the Chief of Police should be reversed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Aggrieved Person

**CITY MANAGER'S ADMINISTRATIVE REVIEW DECISION**  
(City Manager's Decision is Final)

The decision of the Chief of Police made on \_\_\_\_\_ is hereby:

- Affirmed
- Modify as follows: \_\_\_\_\_  
\_\_\_\_\_
- Reversed

\_\_\_\_\_  
Date

\_\_\_\_\_  
By:  
City Manager