

FasTrak® Customer Service Center P.O. Box 26926 | San Francisco, CA 94126 877-BAY-TOLL (877-229-8655) 415-974-6356 (FAX) (+1) 415-486-8655 (Outside the United States) bayareafastrak.org

REQUEST FOR ADMINISTRATIVE REVIEW

In accordance with California Vehicle Code §40255, you have the right to request an Administrative Review if you are not satisfied with the results of our initial investigation of your dispute regarding Notice of Toll Evasion. Within 15 days of the mailing of the results of the initial investigation, you may request an **Administrative Review** by completing this form and depositing the accrued tolls, penalties and fees associated with the dispute toll violations.

If your household income is 200% of the Federal Poverty Level or less, you will be required to pay only the outstanding tolls as a deposit to schedule the hearing. The 2024 guidelines state that 200% of the Federal Poverty Level is:

Household Size	Annual Household Income Up To		
1	\$30,120		
2	\$40,880		
3	\$51,640		
4	\$62,400		
5	\$73,160		
6	\$83,920		
7	\$94,680		
8	\$105,440		
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For households with more than 8 people, add \$10,760 for each additional person.

I attest that my household income is 200% or less than the Federal Poverty Level and am submitting a payment for the toll amount only.

The Administrative Review hearing will be conducted within 90 calendar days from the receipt of your Request for Administrative Review.

Please print or type the required information on the form below.		*	Required
FIRST NAME*	LAST NAME*		
ADDRESS*			
CITY*	STATE*	ZIP CODE*	
LICENSE PLATE NUMBER*	STATE*		
EMAIL			
PHONE NUMBER (Mobile preferred)*	ALTERNATE PHONE NUMBER		

ONLY VIOLATIONS LISTED BELOW WILL BE REVIEWED. (Attach sheet if more space is needed)

VIOLATION OR SETTLEMENT ID NUMBERS:



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I am not satisfied with the results of the initial investigation of my dispute and would like to request an **Administrative Review**. As required, I have enclosed a check or money order payable to "Bay Area FasTrak" in the amount of \$______, which represents all the accrued tolls, penalties and fees associated with the disputed toll violations, or only the tolls if you have attested to your household income being equal to or less than 200% of the Federal Poverty Guidelines by checking the box on the front side of this form. Should the outcome of the **Administrative Review** prove I am not liable for the toll violation(s), I will receive a refund.

□ I wish to have a personal conference as indicated in my selection below. I understand that if I fail to join at the pre-arranged date and time, the hearing will proceed in my absence.

□ Teleconference □ Video conference**

**If video conference is not available at the time of the hearing, the hearing may be conducted by telephone.

I wish to submit a written statement in lieu of my appearance. (Explain why the decision by the Toll Violation Officer should be reversed or modified. You may attach additional supporting information.)

SIGNATURE