Request for Initial Review of Citation  
[SFO Rule 14.5(B)]

Today’s Date: ____________  
Citation Date: ____________  
Citation Number: ____________  

Name of Individual/Company Cited: ____________________________________________  
Contact Information: ________________________________________________________  

Basis for Request: In the space below, please provide all facts to support your Request for Initial Review and use additional paper, if needed. Be specific. For example, if there are witnesses who support your assertion that the Citation should be dismissed, provide the name and contact information for each witness. If there are documents supporting your position, be sure to attach them to this Request for Initial Review.

Submit this form and all supporting documents to:

SFOCitationReview@flysfo.com  
Office of the Chief Operating Officer  
International Terminal Building, 5th Floor  
San Francisco International Airport  
San Francisco, CA  94128