

REQUEST FOR ADMINISTRATIVE REVIEW OF NOTICE OF PARKING VIOLATION

Please read HOW TO CONTEST A PARKING CITATION before completing this form

Request Date: _____ Citation Number: ST _____

Violation Date: _____ Vehicle License No. _____

Name : _____

Mailing Address: _____

(City, State, and Zip Code)

Daytime Phone: _____

Registered owner's information if different from above:

Name: _____ Daytime Phone: _____

Address: _____

This request must be made within 21 days of the issuance of a Notice of Parking Violation or 14 days of the mailing of a Notice of Delinquent Parking Violation per California Vehicle Code 40215(a).

List below all pertinent information as to why you believe this parking violation should be dismissed. Attach any supporting documents.

I hereby affirm and certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge.

Contestant's Signature: _____

FOR OFFICIAL USE ONLY

Parking Violation: [] UPHELD	[] DISMISSED
_____ Stolen Vehicle	_____ Error in Vehicle Identity
_____ Imperfect Citation	_____ Improper Application of Law
_____ Other _____	
_____ Upheld – No Grounds For Dismissal	Penalty Amount: _____
Authorized Signature: _____	Date Reviewed: _____
Date Mailed: _____	