Parking Services - Request for Parking Citation Review

Please type or print clearly in ink and attach a copy of the citation in dispute.

OFFICE USE ONLY:

ADMINISTRATIVE REVIEW:

_____ Request has been **approved.** The citation will be dismissed.

_____Request has been **denied.** Fine must be paid.

Reviewed & Approved by:

_____

Date: _____

Today's Date: _____

Citation Number: _____ Date Issued: _____

License Plate #: _____ County Vehicle Number: _____

Name: _____
First Last

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Information: _____ _____
Cell Phone Work Number

Reason for Citation Review:

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(If additional space is required, please use the reverse side or attach an additional paper as well as any other evidence.)

I DECLARE UNDER PENALTY OF PERJURY AND UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Signature: _____