

**REQUEST FOR ADMINISTRATIVE REVIEW  
ON PARKING VIOLATION**

Date: \_\_\_\_\_

Parking Citation Number:     P     \_\_\_\_\_ Date of Citation \_\_\_\_\_

Registered Owner of Vehicle: \_\_\_\_\_

Contesting Party (name/complete address/phone number):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

REASON FOR REVIEW/HEARING: (be specific-note reason you believe charges are not valid) **Attach any supporting documentation or evidence (witness statements, photos, etc.) that may assist us in making our decision.** If more space is required, attach a separate page or use the reverse side of this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Person Requesting Review/Hearing** \_\_\_\_\_

Penalty Paid \$ \_\_\_\_\_ (**Vehicle Code Section 40215b requires that a request for administrative adjudication be preceded by payment of the full amount of the penalty**)

City Employee Receiving Request: \_\_\_\_\_ Date Received \_\_\_\_\_

FORM DISTRIBUTION: Copy to Contesting Party Original to Citation Hearing Officer