



305 N. Mt. Shasta Boulevard
Mt. Shasta, California 96067
(530) 926-7510 FAX (530) 926-7521

REQUEST FOR ADMINISTRATIVE REVIEW OF CITATION

Date _____

Citation Number _____ Date of Citation _____

CONTESTING PARTY: Please Print

FIRST LAST MI

ADDRESS

CITY STATE ZIP

TELEPHONE _____

Vehicle Registered Owner Name _____

(Parking Violation Only)

REASON FOR REVIEW & HEARING: Be specific. State reason you believe citation is 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.

SIGNATURE OF PERSON REQUESTING ADMINISTRATIVE REVIEW

Received by _____ Date Received _____

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