REQUEST FOR PARKING VIOLATION REVIEW

INSTRUCTIONS: READ CAREFULLY BEFORE SIGNING
If you feel your parked vehicle was unjustly cited, you may request to have your citation reviewed. Fill out the form below completely, stating in detail why you believe the violation was issued in error. This form must be completed and returned, with a copy of the original citation within twenty one (21) days of the issued violation date. (Please attach citation to this form).

NOTE: Please print legibly and be as detailed as possible. The filing of this request does not suspend the time period you have to pay any penalties.

NAME:_____________________________________________________________________________________

ADDRESS:______________________________________________________________________________________________

CITY:_______________________________________________STATE:______________________ZIP:__________________

PHONE NUMBER: HOME: (______)__________________________WORK: (______)____________________________

CITATION NUMBER(S):____________________________________________ DATE ISSUED:________________

ISSUING OFFICER:______________________________________ VIOLATIONS(S):__________________________

REASON FOR REQUEST:_________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

I certify under penalty of perjury that the above statement is true and correct to the best of my knowledge.

Signature:_____________________________________________________________ Date:___________________________

You will be notified in writing of the decision.

DO NOT WRITE BELOW THIS LINE

Review decision:  □ Dismissed    □ Warned    □ Deny    Review Date:_____________  Reviewing Officer:__________________

Reviewer Comments:_______________________________________________________________________________________