

PARKING CITATIONS – REQUEST FOR INITIAL REVIEW

DATE RECEIVED: _____

ISSUING AGENCY: _____

CITATION NUMBER: _____

LICENSE PLATE: _____

DATE ISSUED: _____

In accordance with California Vehicle Code Section 40215(a), I request that the above citation be reviewed for the following reasons:

If necessary, please attach additional information.

NAME _____ REGISTERED OWNER ☐ YES ☐ NO

MAILING ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

PLEASE READ: YOU WILL RECEIVE A WRITTEN RESPONSE TO THIS REQUEST WITHIN THREE WEEKS. IF YOU DO NOT RECEIVE THE RESPONSE WITHIN THAT TIME, YOU **MUST** CALL THE PARKING CITATIONS SECTION AT **(562) 570-6822**. CITATIONS NOT PAID BY THE DUE DATE WILL INCUR ADDITIONAL PENALTIES AND FINES, AS WELL AS FURTHER COLLECTION ATTEMPTS.

SIGNATURE _____ DATE _____

