PARKING CITATION ADMINISTRATIVE REVIEW REQUEST

CITATION NO.	CITATION DATE
	/ /
PLATE NO.	REQUEST DATE
	/ /

REQUESTOR/OWNER INFO

VEHICLE REGISTERED OWNER	REQUESTOR NAME
OWNER'S STREET ADDRESS	REQUESTOR PHONE(S) *(H = HOME / C = CELL / W = WORK)* ☐H ☐C ☐W ( ) ☐H ☐C ☐W ( )
CITY ST ZIP	REQUESTOR EMAIL @

REQUESTOR REASON

ADMINISTRATIVE REVIEW REQUESTED FOR FOLLOWING REASON(S)

- ☐ BROKEN PARKING METER
- ☐ FALLEN/MISPLACED PERMIT/PLACARD
- ☐ PARKING SIGN(S) WERE MISSING, ILLEGIBLE, INCORRECTLY WORDED OR DIFFICULT TO UNDERSTAND
- ☐ OWNER DECEASED *(ATTACH COPY OF DEATH CERTIFICATE)*
- ☐ VEHICLE DISABLED
- ☐ SIGN/OTHER PARKING PROHIBITION INSTALLED AFTER VEHICLE PARKED THERE
- ☐ LICENSE PLATES WERE STOLEN OR LOST AT TIME THE CITATION WAS ISSUED (POLICE REPORT OR DMV INFORMATION SUPPORTING CLAIM)
- ☐ VEHICLE WAS STOLEN OR OWNERSHIP TRANSFERRED AT TIME THE CITATION WAS ISSUED (ATTACH POLICE REPORT OR DMV INFORMATION SUPPORTING CLAIM)
- ☐ RESTRICTED PARKING PERMIT (TICKET ISSUED IN ERROR)
- ☐ MEDICAL EMERGENCY *COMPLETE SECTION BELOW*

DESCRIPTION / EXPLANATION OF MEDICAL EMERGENCY

Only forms that meet the criteria listed above will be accepted for an Administrative Review. Supporting documentation is <u>required</u>. Such as pictures, repair receipts or DMV information. Please attach.

BY MY SIGNATURE, I DECLARE THE INFORMATION SUBMITTED IN REGARD TO THIS REQUEST FOR ADMINISTRATIVE REVIEW OF PARKING CITATIONS IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE	DATE
	/ /

INTERNAL USE ONLY

DATE RECEIVED	RECEIVED BY	DETERMINATION *(EVALUATION ATTACHED)*	INITIAL	DATE
/ /		☐ CITATION JUSTIFIED ☐ CITATION NOT JUSTIFIED ☐ DOES NOT QUALIFY FOR AN ADMINISTRATIVE REVIEW		/ /

REF. NO.	REVIEWER INITIALS / COMMENTS	DATE
		/ /

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