
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

