Administrative Review CITATION CONTEST FORM

Office Use Only						
Rec'd by:	Date	Update Complete				

INSTRUCTIONS: Complete Section A below including your reason(s) for contesting the citation. Attach any supporting evidence. Mail this form within 21 calendar days of the citation issue date or 14 calendar days from the mailing of a notice of delinquent parking violation to: Parking Citation Service Center, Post Office Box 11923, Santa Ana, CA 92711 (CVC 40215)

Section A	<u>ــــــــــــــــــــــــــــــــــــ</u>						
Name:							
Street Addre	ess:						
City:			State:	State: Zip:			
Home Ph #:			Other Ph #:				
Citation #: Lic Plate #:			Issuing A	gency:			
Reason fo	or Contesting:						
Section B			e Use Only				
	N BY (ISSUING AGENC) Citation Valid: If blank, see attached)	Y):	Citation Di	ismissed:	1]	
Investigato	or Signature:				Date:		
AMOUNT DUE:	-	DEADLINE FOR P calendar days from the decision			decision		
	 Astructions to Contest: Astructions to Contest: Astructions will be can also and a structure of the structure of th	anceled and no furthe enalty "AMOUNT DUE" trative hearing <u>and</u> decision) your personal checl ame of the Agency wh	" (above) <u>or</u> deposit the " / k, cashier's c ho issued the	AMOUNT D check or m	noney order		
you are re you are un Penalty De Indicate in will be adv "AMOUNT	JEST AN ADMINISTRAT equesting a hearing. Semi- nable to pay the penalty of eposit" form from: Parkir n your correspondence if vised of your hearing dat T DUE" deposit must be vill be increased and yo	ad any supporting evid deposit, you may be g ng Citation Service Co f you wish to have yo te, time and location be received within 21	dence and the granted a wai enter, P.O. Bo our hearing by n. Your adm 1 calendar da	e full "AMO iver. You ma ox 11923 Sa y "MAIL" or ninistrative ays from th	UNT DUE" a ay obtain a " anta Ana, C, "IN PERSO hearing re he mailing o	as a penalty deposit. If "Request for Waiver of A 92711 DN." If "in person," you equest <u>and</u> penalty	