



REQUEST FOR ADMINISTRATIVE REVIEW & INFORMAL HEARING OF PARKING VIOLATION

Date: _____ Date of Citation _____

Parking Citation Number: _____ License Plate # _____

Registered Owner of vehicle: _____ PLATE STATE _____

Contesting Party (name/ complete address/phone number):

NAME _____

ADDRESS _____

Telephone: _____

Email: _____

ADVANCE DEPOSIT OF FINE IS REQUIRED TO SCHEDULE A HEARING

REASON FOR REQUEST: Please specifically note the reason you believe charges do not apply to you. **Attach any supporting documentation or evidence (witness statements, photos, etc.) that may assist us in making our decision.** If more space is required, attach a separate page or use the reverse side of this form.

Signature of Person Requesting Review/ Hearing _____

City Employee Receiving request: _____ Date Received _____

ADVANCE DEPOSIT RECEIVED (amount) _____

Payment Made by: CASH/CHECK (circle one) Check # _____

FORM DISTRIBUTION: Copy to contesting Party

Original to Citation Hearing Officer