REQUEST TO DISMISS PARKING CITATION



Parking Citation Number:	Vehi	cle License:	State:		CITY OF
Date Issued:		Location and/or meter number: Violation Code Number:			CHULA VISTA
Name:		Pŀ	one Number:		
Address:					
City:					
It is requested that the above Pa	rking Citation be dismiss	sed for the following	; reason(s):		
				(Continue on back	if more room is needed.
I hereby affirm and certify under penalty of per		D	ate:		
Do not write below th	nis line: FOR OF	FICE USE ON	LY		
Received by:	Date Receive	ed:	Date Posted	:	
If the request for dismissal concerns registration, please verify the follow	disabled parking, parking perr ring information and initial bo	mits, or expired ox at the right.	Amount Paid	d:	
For Disabled Parking, verify:	Placard, registration card, an Disabled Person's Placard N				Initial Here
For Parking Permits, verify:	Permit number and vehicle Parking Permit Number:	•			
For Expired Registration, verify:	DMV proof of registration.				
ADMINISTRATIVE RE	VIEW OF DISMIS	SSAL REQUES	Т		
Remarks of issuing party:	☐ Dismiss Citation				
Recommendation of supervisor: Remarks of supervisor:		•		Date:	
Final Administrative Review Decis Remarks of final decision:	ion: Citation Dismissed	•			
NOTE: If citation is upheld, day cou Dismissal recorded by:			ified.		
, Initials	Date		Initials		