

REQUEST TO DISMISS PARKING CITATION



Parking Citation Number: _____ Vehicle License: _____ State: _____
Date Issued: _____ Location and/or meter number: _____
Issued by Officer: _____ Violation Code Number: _____
Amount of Citation: _____

Name: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____

It is requested that the above Parking Citation be dismissed for the following reason(s):

(Continue on back if more room is needed.)

I hereby affirm and certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Do not write below this line: FOR OFFICE USE ONLY

Received by: _____ Date Received: _____ Date Posted: _____

If the request for dismissal concerns disabled parking, parking permits, or expired registration, please verify the following information and initial box at the right.

Amount Paid: _____

For Disabled Parking, verify: Placard, registration card, and reporting party's identification.

Disabled Person's Placard Number: _____

For Parking Permits, verify: Permit number and vehicle license plate number.

Parking Permit Number: _____

For Expired Registration, verify: DMV proof of registration.

Initial Here

ADMINISTRATIVE REVIEW OF DISMISSAL REQUEST

Recommendation of issuing party: Dismiss Citation Uphold Citation Initials: _____ Date: _____

Remarks of issuing party: _____

Recommendation of supervisor: Dismiss Citation Uphold Citation Initials: _____ Date: _____

Remarks of supervisor: _____

Final Administrative Review Decision: Citation Dismissed Citation Upheld Initials: _____ Date: _____

Remarks of final decision: _____

NOTE: If citation is upheld, day count for increasing penalty begins on date citizen is notified.

Dismissal recorded by: _____ / _____ Citizen notified by: _____ / _____

Initials

Date

Initials

Date