CITY OF PETALUMA, CALIFORNIA
PARKING ADMINISTRATION REQUEST FOR REVIEW
(Mail to Petaluma Police Department
969 Petaluma Blvd. No., Petaluma, CA 94952)

Name _____ Date _____

Address _____

City/State _____ Zip _____

Phone (H) _____ (W) _____

CITATION # _____ Officer ID # _____ Issue Date _____

Violation Code # _____ Vehicle License # _____

Reason for Review:

_____

_____

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ADMINISTRATIVE REVIEW

Comments: _____

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_____ Your request has been approved and the citation will be dismissed.

Reviewed by _____ Date _____

_____ Your request has been denied and the penalty must be paid. Failure to do so may result in late charges and withholding of your vehicle registration until such fees are paid. Send penalty with a copy of this form to: **PARKING ENFORCEMENT, P.O. Box 11923, Santa Ana, CA 92711.**

Reviewed by _____ Date _____

CITY OF PETALUMA, CALIFORNIA
VIOLATOR APPEAL

_____ Should you wish to appeal this review, check this box and return this form, **ALONG WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF THE PENALTY WITHIN 21 DAYS OF THE DATE OF THIS NOTICE**. (Mail check or money order to **PARKING ENFORCEMENT, P.O. Box 11923, Santa Ana, CA 92711).** Upon receipt of this form and payment, the Hearing Officer will review your request. This form will be mailed back advising you of the Hearing Officer's ruling. YOU MAY APPEAR FOR YOUR HEARING IN PERSON OR YOU MAY SEND A WRITTEN DECLARATION. Please check appropriate box.

_____ I wish to appear in person.

_____ I wish to submit a written declaration (no appearance necessary).

If you checked the box to submit a written declaration, attach to this form your explanation of the reason you wish to further contest your citation.

FOR OFFICE USE ONLY:

HEARING OFFICER – "FINAL DECISION"

Hearing Time: _____ Hearing Date: _____

Hearing Officer: _____

DISPOSITION: Citation Upheld: _____ Citation Dismissed: _____

Explanation:

_____

_____

_____

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