



**PETALUMA POLICE DEPARTMENT  
PARKING ADMINISTRATION REVIEW**  
*For use with placard violations only*

**REQUEST FOR PARKING ADMINISTRATION REVIEW**

Mail to: Petaluma Police Department  
969 Petaluma Blvd North  
Petaluma, CA 94952

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_

Citation # \_\_\_\_\_ Officer ID \_\_\_\_\_ Issue Date \_\_\_\_\_

Violation Code # \_\_\_\_\_ Vehicle License # \_\_\_\_\_ State \_\_\_\_\_

Reason for Review: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADMINISTRATIVE REVIEW**

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your request has been approved and the citation will be dismissed. You are required to display your placard whenever you park in a designated handicap zone. Since you did not, you will be assessed a \$25 administrative charge in accordance with the California Vehicle Code section 40226. Future violations will result in the full penalty of \$600 being assessed.

*Please return this form, a copy of your placard, and the ID paperwork with the \$25 fee to:*

**Parking Enforcement  
c/o Finance Department  
PO Box 61  
Petaluma, CA 94953**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Your request has been denied and the citation must be paid. Failure to do so may result in late charges and withholding of your vehicle registration until such fees are paid (1-888-300-9829).

*Send penalty with a copy of this form to:*

**Parking Enforcement  
PO Box 11923  
Santa Ana, CA 92711**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_



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**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 CITATION WITHIN 21 DAYS OF THE DATE OF THIS NOTICE.**

Mail check or money order to:

**Parking Enforcement**

**PO 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 the 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.

**OFFICE USE ONLY:  
HEARING OFFICER FINAL DECISION**

Hearing Time \_\_\_\_\_ Hearing Date \_\_\_\_\_

Hearing Officer \_\_\_\_\_

DISPOSITION: Citation Upheld \_\_\_\_\_ Citation Dismissed \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_