

**PLEASE PRINT ALL INFORMATION**

 <b>PARKING CITATION ADMINISTRATIVE REVIEW REQUEST</b>	CITATION NO.	CITATION DATE / /
	PLATE NO.	REQUEST DATE / /

**REQUESTOR / OWNER INFORMATION**

VEHICLE REGISTERED OWNER	REQUESTOR NAME
STREET ADDRESS	REQUESTOR PHONE(S) (H = HOME / C = CELL / W = WORK)
CITY ST ZIP	REQUESTOR EMAIL

**ADMINISTRATIVE REVIEW REQUESTED FOR FOLLOWING REASON(S)**

BROKEN PARKING METER FALLEN/MISPLACED PERMIT/PLACARD PARKING SIGN(S) WERE MISSING, ILLEGIBLE, INCORRECTLY WORDED OR DIFFICULT TO UNDERSTAND OWNER DECEASED (ATTACHED COPY OF DEATH CERTIFICATE) VEHICLE DISABLED	SIGN/OTHER PARKING PROHIBITION INSTALLED AFTER VEHICLE PARKED THERE PLATE INCORRECTLY ENTERED LICENSE PLATES WERE STOLEN OR WAS ISSUED (POLICE REPORT OR DMV INFORMATION SUPPORTING CLAIM) RESTRICTED PARKING PERMIT	MEDICAL EMERGENCY (COMPLETE SECTION BELOW) VEHICLE WAS STOLEN OR OWNERSHIP TRANSFERRED AT TIME THE CITATION WAS ISSUED (ATTACH POLICE REPORT OR DMV INFORMATION SUPPORTING CLAIM) OTHER
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Only forms that meet the criteria listed above will be accepted for an Administrative Review. Supporting documentation is **required**, such as pictures, repair receipts or DMV information. *Please attach.*

**DESCRIPTION/EXPLANATION OF MEDICAL EMERGENCY**

BY MY SIGNATURE, I DECLARE THE INFORMATION SUBMITTED IN REGARD TO THIS REQUEST FOR ADMINISTRATIVE REVIEW OF PARKING CITATIONS IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	SIGNATURE	DATE
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**INTERNAL USE ONLY**

RECEIVED BY	DATE RECEIVED / /	DETERMINATION (EVALUATION ATTACHED) <input type="checkbox"/> CITATION JUSTIFIED <input type="checkbox"/> CITATION NOT JUSTIFIED	
REVIEWER'S INITIALS	DATE / /	REVIEWER'S INITIALS	DATE / /