PLEASE PRINT ALL INFORMATION

PARKING CITATION ADMINISTRATIVE REVIEW REQUEST	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	☐ SIGN/OTHER PARKING PROHIBITION INSTALLED AFTER VEHICLE PARKED THERE	☐ MEDICAL EMERGENCY *(COMPLETE SECTION BELOW)*
☐ FALLEN/MISPLACED PERMIT/PLACARD	☐ PLATE INCORRECTLY ENTERED	☐ VEHICLE WAS STOLEN OR OWNERSHIP TRANSFERRED AT TIME THE CITATION WAS ISSUED *(ATTACH POLICE REPORT OR DMV INFORMATION SUPPORTING CLAIM)*
☐ PARKING SIGN(S) WERE MISSING, ILLEGIBLE, INCORRECTLY WORDED OR DIFFICULT TO UNDERSTAND	☐ LICENSE PLATES WERE STOLEN OR WAS ISSUED *(POLICE REPORT OR DMV INFORMATION SUPPORTING CLAIM)*	☐ OTHER
☐ OWNER DECEASED *(ATTACHED COPY OF DEATH CERTIFICATE)*	☐ RESTRICTED PARKING PERMIT	
☐ VEHICLE DISABLED		

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 / /

INTERNAL USE ONLY

RECEIVED BY	DATE RECEIVED / /	DETERMINATION (EVALUATION ATTACHED) ☐ CITATION JUSTIFIED ☐ CITATION NOT JUSTIFIED	
REVIEWER'S INITIALS	DATE / /	REVIEWER'S INITIALS	DATE / /