

Parking Citation Administrative Review

CITATION CONTEST FORM

| Office Use Only | | | |
|-----------------|------|--------------------|--|
| Rec'd by: | Date | Update Complete | |
| | | | |

INSTRUCTIONS: Complete Section A below including your reason(s) for contesting the citation. Attach any supporting evidence. Mail or submit this form in person within 21 calendar days of the citation issue date or 14 calendar days from the mailing of a notice of delinquent parking violation to: Parking Citation Service Center, Post Office Box 11923, Santa Ana, CA 92711 (*CVC 40215*), *Phone # 1-(800)781-7241*

| Section A | | | | |
|---|---|--|--|--|
| Name: | | | | |
| Street Address: | | | | |
| City: | | | | |
| Home Ph #: | Other Ph #: | | | |
| Citation #: | Issuing Agency: | | | |
| Reason for Contesting: | | | | |
| | | | | |
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| Section B Office Use Only DECISION BY (City of Westminster): | | | | |
| Citation Valid: | Citation Dismissed: | | | |
| Reason: (If blank, see attached) | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| Investigator Signature: | Date: | | | |
| DUE: calendar days from the n decision | YMENT: 21 Date the decision ^{nailing of the} was mailed: | | | |
| Further Instructions to Contest: | | | | |
| If dismissed, the citation will be canceled and no further action is required. | | | | |
| If valid: 1. You must pay the penalty "AMOUNT DUE" (above) or 2. Request an administrative hearing and deposit the "AMOUNT DUE" by the DEADLINE (21 days | | | | |
| from the mailing of the decision) | | | | |
| Mail this notice with your personal check, | | | | |
| Make Payable to the City of Westminster who issu | ued the citation | | | |
| C/o Parking Citation Service Center, P.O. Box 11923 Santa Ana, CA 92711, Phone # 1-(800)781-7241 | | | | |
| TO REQUEST AN ADMINISTRATIVE HEARING: Mail | correspondence to the address listed below stating why you | | | |
| are requesting a hearing. Send any supporting evidence and the full "AMOUNT DUE" as a penalty deposit. If you | | | | |
| are unable to pay the penalty deposit, you may be gr | anted a waiver. You may obtain a "Request for Waiver of | | | |
| Penalty Deposit" form from: Parking Citation Service Center, P.O. Box 11923 Santa Ana, CA 92711 | | | | |
| | Indicate in your correspondence if you wish to have your hearing by "MAIL" or "IN PERSON." If "in person," you will be advised of your hearing date, time and location. Your administrative hearing request and penalty | | | |
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| "AMOUNT DUE" deposit must be received within 21 calendar days from the mailing of the decision, or the penalty will be increased and you will not have another opportunity to be heard. | | | | |