

West Sacramento Police Department



REQUEST FOR PARKING VIOLATION REVIEW

INSTRUCTIONS: READ CAREFULLY BEFORE SIGNING

If you feel your parked vehicle was unjustly cited, you may request to have your citation reviewed. Fill out the form below **completely**, stating in detail why you believe the violation was issued in error. This form must be completed and returned, with a copy of the original citation within twenty one (21) days of the issued violation date. (Please attach citation to this form).

NOTE: Please print legibly and be as detailed as possible. The filing of this request does not suspend the time period you have to pay any penalties.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: HOME: (_____) _____ WORK: (_____) _____

CITATION NUMBER(S): _____ DATE ISSUED: _____

ISSUING OFFICER: _____ VIOLATIONS(S): _____

REASON FOR REQUEST: _____

I certify under penalty of perjury that the above statement is true and correct to the best of my knowledge.

Signature: _____ Date: _____

You will be notified in writing of the decision.

DO NOT WRITE BELOW THIS LINE

Review decision:

Dismissed Warned Deny Review Date: _____ Reviewing Officer: _____

Reviewer Comments: _____