



PARKING VIOLATION REVIEW REQUEST FORM

HOW THE REVIEW PROCESS WORKS:

Please complete the bottom portion of this form and submit it, along with a copy of your citation to the address shown below. Your Review Request must be postmarked within twenty one (21) calendar days of the date the citation was issued.

City of Santa Rosa - Parking Division
 P.O. Box 11113
 San Jose, CA 95103-1113
 855-532-3275

- A review of your citation will be made by a Citation Review Officer.
- Upon completion of the review, you will be notified by mail that either:
 - Your request has been approved and the citation has been dismissed; or,
 - Your request has been denied and the penalty must be paid.

Should your request be denied, you will have the opportunity to appeal.

Today's Date:		Citation Date:	
Name:		Citation No.:	
Mailing Address:			
City:	State:	Zip Code:	
Day Time Phone:			
Was the citation for a disabled violation? Y N If yes, please submit copies of the placard owner's DMV paperwork and any expired placards you possess.			
Was the placard owner driving or being transported in the vehicle at the time of the citation? Please explain:			
Reason for Review Request:			