CITY OF AZUSA REQUEST FOR INITIAL REVIEW OF A PARKING CITATION

"I understand that this Request for Initial Review must be postmarked within 21 calendar days of the issuance of my citation or within 14 calendar days of the mailing of the notice of delinquent parking violation for the request to be acted upon."

In order for your request to be processed, the following information must be provided:

Please print clearly

Citation#:	License Plate#:	
Name:		
Address:		
City:	State:	Zip Code:
I hereby request an initial revi parking citation is:	iew of my parking citation. The	e reason I am contesting this
(If more spa	ace is required, please use a separ	rate sheet)
I certify	y that the foregoing is true and co	orrect.
Signature:		Date:

The City will conduct a review of your parking citation based upon the information you provide. You must include copies of all applicable documentation relating to your appeal (i.e. vehicle registration, permit or placard, etc.). Any documentation submitted will not be returned. Your citation will either be canceled or upheld. Results of the review will be mailed to you.

MAIL OR HAND DELIVER TO: AZUSA POLICE DEPARTMENT 725 N ALAMEDA AVENUE AZUSA CA 91702