

**City of Carlsbad
Adjudication Processing
PO Box 2081
Tustin, CA 92781-2081**

PARKING CITATION REQUEST FOR REVIEW

Date of Request _____

Officers Name _____

Citation#: CB	Date Ticket Issued:
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<p>CONTESTANT: _____</p> <p>ADDRESS: _____</p> <p>CITY/STATE/ZIP: _____</p> <p>TELEPHONE - DAY: _____ NIGHT: _____</p>

Please state your reason for appealing this citation in the space provided for on the "Statement of Facts". It is imperative that you present a preponderance of credible evidence against the prima facie case presented by the issuing agency. Copies of documentation as described below are necessary and should be attached to this form.

- A. **Handicap: A copy of your disabled placard and identification card are necessary. Please include a copy of your placard registration papers.**
- B. **Miscellaneous: The purpose of a review is to provide some additional information the issuing officer was not aware of at the time the citation was issued.**

You will be notified of the results, in writing, once the citation review has been completed. This process could take three weeks.

PLEASE INCLUDE ORIGINAL CITATION OR REMINDER NOTICE

<p>CONTESTANT'S STATEMENT</p> <p>I declare under penalty of perjury that the facts stated are true and correct.</p> <p>_____</p> <p>Date Signature</p>	
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