CITY OF HERMOSA BEACH
REQUEST FOR INITIAL REVIEW

Citation#: _____ License Plate#: _____

Name: _____ Date of Violation: _____

Mailing Address: _____ Time of Violation: _____

City, State, Zip: _____ Penalty Amount: _____

In accordance with California Vehicle Code Section 40215, you have **21** days from the date the citation was issued or **14** days from the mailing date of the Delinquent Notice of Parking Violation to submit a request for an Administrative Investigation. Please provide a written or typed statement in the space provided (attach additional sheets if necessary) as to why you feel the citation was issued in error. Include any documents/materials (e.g. receipts, pictures, etc.) to support your claim. **If you paid a meter/space using a credit card, for verification purposes please include the first six (6) and last four (4) numbers of the card (Visa/Master Card) used and submit a banking statement showing a debit. All documentation/materials MUST be submitted with the Administrative Review form. Documents/materials submitted for review will not be returned.**

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Signature Date Email

Please mail this form to:

HERMOSA BEACH CITATION PROCESSING

PO BOX 2081

TUSTIN CA 92781