## CITY OF LA VERNE REQUEST FOR ADMINISTRATIVE REVIEW OF A PARKING CITATION

"I understand that this Request for Administrative 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#:	
Issue Date:	Location of Violation:	
Name:		
Address:		
City:	State:	Zip Code:
I hereby request an administrat	ive review of my parking citation. The re	eason I am contesting this parking citation is:
	······································	
	(If more space is required, use back o	f this form.)
	I certify that the foregoing is true an	nd correct.
Signature:		Date:
applicable documentation relat	ing to your appeal (i.e. vehicle registration	you provide. You must include copies of all on, permit or placard). The documentation will Results of the review will be mailed to you.

Mail to: City of La Verne, P. O. Box 2081, Tustin, CA 92781-2081