

**STANFORD UNIVERSITY  
PARKING & TRANSPORTATION SERVICES  
INITIAL REVIEW TO CONTEST A PARKING CITATION**

This Request for Initial Review must be postmarked within 21 calendar days of the issuance of the citation or within 14 days of the mailing of the original 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 and will not be returned: Complete one Initial Review form for **each** citation.
- Write or print legibly. Use a ballpoint pen.
- Include a copy of the Original Citation or the Notice of Delinquent Parking Violation.
- If the citation was issued for lack of a required permit or hang tag; enclose a copy, and note the color of the permit or hang tag.
- A handicapped parking citation requires a copy of the placard **and** the DMV Disabled Person Placard Identification receipt **or** the vehicle's registration for a Disabled Person License plate.

Citation #: \_\_\_\_\_ License Plate #: \_\_\_\_\_ Violation Code: \_\_\_\_\_

Date and Time Issued: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_

**The reason(s) I am contesting this parking citation is/are:**

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**I certify that the foregoing is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parking and Transportation Services will conduct a review of your parking citation based upon the information you provide. Your citation will either be dismissed or upheld.

The results of the Initial Review will be mailed to you and will also be available online at [www.pticket.com/stanford](http://www.pticket.com/stanford)

Mail to:

**Stanford University Parking & Transportation  
Adjudication Processing  
PO Box 11113  
San Jose CA 95103**

REVISED 12/10/2018

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|---|-------------------------------------|
| <b>SUP&amp;T USE ONLY:</b>              |                                     |
| NOTES ON BACK: <input type="checkbox"/> | Violation Amt. Due: _____           |
| DISP CODE:                              |                                     |
| <input type="text"/>                    | Total Amt Due: <input type="text"/> |
| DATE: _____                             | BY: _____                           |