West Valley – Mission Community College District
PARKING CITATION INITIAL REVIEW REQUEST

Please print clearly

Today's Date:	Citation Number:	Date Citation Issued:	
Issuing Agency:	Vehicle License No or VIN no:	State:	Permit Type & Number:
Name: (Last) (First) (MI)			Daytime Phone ( )
Mailing Address: (Street) (City) (State) (Zip)			

BASIS FOR APPEAL

The review will be based on the information provided. Information provided at a later date will not be considered. Keep in mind that the petition may be denied for lack of information. Please write legibly and be very specific. Attach a copy of the PARKING CITATION and include all photos, diagrams, copies of permits, placards, etc. **Appeals must be submitted within twenty-one (21) days of date of citation or within 14 days after the notice of illegal parking was mailed. All information requested above must be provided or appeal will not be considered. Appeal only one (1) citation per appeal form.**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(If more space is required, use the back of this form.)

Under penalty of perjury, I certify that the foregoing is true and correct.

_____ _____

Signature of Petitioner Date

FOR OFFICIAL USE ONLY **Reviewed by:** _____ **I.D. NO:** _____ **Date:** _____

[ ] Citation Dismissed **[ ] Citation Valid** **Violation:** _____

Comments: _____

_____

_____

Notice: If you are dissatisfied with the results of the INITIAL REVIEW, you may request a SECOND LEVEL HEARING, **NO LATER THAN 21 DAYS** following the date your initial review was mailed. Failure to either file a second level hearing or pay within 21 days will result in an INCREASE IN BAIL and loss of your right to further dispute the citation.

MAIL APPEAL TO: Office of Parking Violations, P.O. Box 11113, San Jose, CA 95103-1113