



# City of Garden Grove

## INITIAL REVIEW TO CONTEST A PARKING CITATION

**RETAIN A COPY OF THIS ORIGINAL FORM AND SUBMIT ONE FOR REVIEW**

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.

**Payment of fine is not required if this form is submitted on time**

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.

- 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 (\_\_\_\_\_) \_\_\_\_\_ Number of Violations on this Citation (1, 2, or 3):

**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: \_\_\_\_\_

The City will conduct a review of your parking citation based upon the information you provide.

Your citation will either be canceled or upheld.

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

Mail to:

**Adjudication Processing  
City of Garden Grove  
PO Box 409  
Tustin, CA  
92781-0409**

REVISED 2/6/2023

<b>CITY USE ONLY:</b>	Violation 1 Amt Due: _____
NOTES ON BACK: <input type="checkbox"/>	Violation 2 Amt Due: _____
DISP CODE:	Violation 3 Amt Due: _____
<input type="text"/>	Total Amt Due: <input type="text"/>
DATE: _____	BY: _____