

REQUEST FOR ADMINISTRATIVE REVIEW

CAPITOLA POLICE DEPARTMENT 422 CAPITOLA AVENUE CAPITOLA, CA 95010 831.475.9274	DATE:
	CITATION NUMBER:
	VIOLATION DATE:
NAME:	
ADDRESS:	
CITY/STATE:	

Type or neatly print the circumstances of your parking citation. Additional pages of your complaint may be attached.
COMPLAINT:

DISPOSITION OF ADMINISTRATIVE REVIEW

YOUR CITATION HAS BEEN DISMISSED FOR THE FOLLOWING REASON:

- The citation was issued in error.
- Parking meter was not functioning correctly.
- The violator has a legal permit or placard, but it was not properly displayed.
- The description of the vehicle on the parking citation does not substantially match the corresponding information on the registration card or DMV printout.
- Other: _____

THE FACTS HAVE BEEN CONSIDERED AND THE CITATION IS VALID FOR THE FOLLOWING REASON:

By: _____

Date of Mailing: _____

IF THE CITATION WAS FOUND TO BE VALID YOU HAVE TWO OPTIONS:

1. Within 21 days from the mailing/delivery of this notice you may pay the full amount due and avoid late charges.
2. The full amount of the parking penalty, and your request for a hearing by telephone, written declaration, or in-person hearing must be received by the Capitola Police Department within 21 days of the mailing/delivery of this notice.
** If you are found not liable by the examiner, your deposit will be refunded to you.

FAILURE TO REQUEST A HEARING WITHIN 21 DAYS FROM THE MAILING/DELIVERY OF THIS NOTICE WILL RESULT IN THE DISPOSITION BEING DEEMED FINAL AND THE RIGHT TO APPEAL EXHAUSTED.

Police Department: WHITE

Phoenix Group: PINK

Citizen: YELLOW