

**A COPY OF YOUR CITATION MUST BE SUBMITTED WITH YOUR ADMINISTRATIVE REVIEW**

CITY OF GLENDALE  
PARKING ENFORCEMENT CENTER  
P.O. Box 6010  
Inglewood, CA 90312-6010 (866) 470-3088

**REQUEST FOR ADMINISTRATIVE REVIEW**

TODAY'S DATE: \_\_\_\_\_

CITATION NO. \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF VIOLATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ISSUING OFFICER: \_\_\_\_\_ ID#: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

REGISTERED OWNER? YES NO (CIRCLE ONE)

DAYTIME PHONE NUMBER (INCLUDE AREA CODE): \_\_\_\_\_

In accordance with California Vehicle Code Section 40200 and 40215, you have **21 days** from the date the violation notice was issued, or **14 days** from the mailing of the Delinquent Notice of Parking Violation to submit a request for an Initial Review. **Late submissions will not be accepted.** Mail or drop off your completed form to the above listed address. Please provide a written statement as to why you believe the Parking Violation Notice was issued in error. Include any material (e.g. receipts, pictures, etc.) to support your statement and the original or copy of the citation. Materials submitted for review will not be returned. Please allow 4-6 weeks for a response from our office. Clearly print your statement in the space provided below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.**

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

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

The results of the Administrative Review will be mailed to the address you provide above.

FOR OFFICE USE ONLY

OFFICER'S STATEMENT

INVESTIGATED BY: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_

CITATION TECHNICALLY VALID

CITATION NOT TECHNICALLY VALID

PAYMENT REQUIRED

CANCELLED/DISMISSED

COMMENTS: \_\_\_\_\_

**If your citation is upheld, payment must be received within 21 days of the Date of Review or additional fees will be imposed.**

**If your citation is upheld and you would like to request an Administrative Hearing, full payment is required within 21 days of the Date of Review. Please complete the form provided and follow the detailed instructions. All original paperwork must accompany your request.**