



REQUEST FOR INITIAL REVIEW OF A PARKING CITATION

Instructions: Complete this form if you would like to request an Initial Review of your parking citation. Please use a separate form for each citation you wish to contest and please PRINT clearly.

Citation Number:		License Plate Number:
First Name:	Last Name:	Mailing Address:
Telephone #:		E-mail address:

I understand that this Request for Initial Review must be postmarked or submitted in person within 21 days of the issuance of my citation or within 14 days of the mailing of the notice of delinquent parking violation for the request to be acted upon.

In the section below, provide a detailed explanation of why you are contesting the citation. You may attach additional pages if needed. You must include copies of all applicable documentation relating to your appeal now as you will not have the opportunity once this form has been submitted (i.e. vehicle registration, permits, placard, etc.). The documentation will not be returned to you.

I hereby request an initial review of my parking citation. The reason I am contesting this parking citation is:

"I hereby certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing information 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 cancelled or upheld. Results of the review will be **mailed** to you at the mailing address you provide above. ***If you do not receive a response within 3-4 weeks, it is your responsibility to follow-up with the City at the address/phone number below.***

**MAIL COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:
CITY OF SANTA MONICA, PO BOX 515214, LOS ANGELES, CA 90051-6514
Telephone: 1-800-214-1526 (U.S.A. Calls only), (213) 689-8423 (calling from outside the U.S.A.)**