

SAN BERNARDINO COUNTY - PARKING ADMINISTRATION
INITIAL ADMINISTRATIVE REVIEW

An Initial Administrative Review may be requested in person, by phone, or in writing. Please be specific when explaining why you feel that dismissal of the citation is warranted.

PLEASE TYPE OR PRINT THE FOLLOWING:
(Review determination will be mailed to address provided below)

Respondent's Name _____

Address _____

City _____ State _____ Zip _____

Citation Number

Violation

Date and Time Citation Issued

Vehicle License Number

Permit Number (if applicable)

Violation Location _____

Home Phone (_____) _____ Work Phone (_____) _____

Statement of Facts _____

-IF MORE ROOM IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER-

Form Completed By: _____ Check one: Mail In Phone In In Person

Signature _____ Date _____

-FOR OFFICIAL USE ONLY-

Reviewed by _____ I.D. No. _____ Date _____
Please Print or Type

Citation Dismissed Code _____

Citation Valid Code _____

Comments: _____

Determination Mailed Date _____

WARNING: If you wish pursue this matter further, please see the attached instructions. Failure to respond in a timely manner may prevent you from contesting this citation further.

Signature _____ Date _____