

CITY OF ROSEMEAD ADMINISTRATIVE REVIEW

REQUEST FOR ADMINISTRATIVE REVIEW OF NOTICE OF PARKING VIOLATION

This request must be made within 21 days of the issuance of a Notice of Parking Violation or 14 days of the mailing of the Notice of Delinquent Parking Violation.

Name: _____
Address: _____

Date of Request: _____
Date of Citation: _____
Vehicle License: _____
Daytime Phone: _____
Citation No: _____

Note: You may be subject to a penalty amount added to your fine as well as a hold on your registration with DMV.

LIST BELOW ALL PERTINENT INFORMATION AS TO WHY YOU BELIEVE THIS PARKING VIOLATION SHOULD BE DISMISSED. ATTACH ANY SUPPORTING DOCUMENTS.

I hereby affirm and certify under penalty of perjury that the foregoing statements are true and correct.

Signed: _____

FOR CITY USE ONLY

PARKING VIOLATION: **UPHELD** (NO GROUNDS FOR DISMISSAL) FINE AMOUNT \$ _____
 DISMISSED
 AMENDED

_____ PROPER APPLICATION OF LAW

Authorized Signature _____ Date Mailed _____

Make Checks payable to: **City of Rosemead**

Note: To appeal this decision, you must deposit the fine amount and request a Hearing before a Hearing Official within 21 days of the mailing of this notice at ROSEMEAD PUBLIC SAFETY CENTER, 8301 E. GARVEY AVENUE, CA 91770.