

CITY OF ROSEMEAD
REQUEST FOR HEARING OF PARKING VIOLATION

This request must be made within 21 days of the mailing of the results of an Administrative Review conducted by the City.

DATE: _____ PARKING PENALTY: \$ _____ CITATION: _____
You are required to deposit the parking penalty at the time you submit your request.

NAME: _____ DAYTIME PHONE: _____

ADDRESS: _____

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NOTICE OF DATE AND TIME OF HEARING

Date of Hearing: _____ Time: _____

Hearings are held at the City of Rosemead Public Safety Center, 8301 E. Garvey Avenue, Rosemead, CA 91770
Phone Number (626) 569-2292

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YOU MAY BRING WITH YOU TO THE HEARING THE FOLLOWING:

1. Your copy of the Administrative Review.
2. Any evidence or documents you feel will support your case.
3. Relevant witnesses.
4. Interpreter, legal representative, etc.

*** IF THIS IS A HEARING BY WRITTEN DECLARATION, ATTACH YOUR SIGNED STATEMENT AND ALL SUPPORTING DOCUMENTS. NO HEARING WITH PERSONAL APPEARANCE WILL BE SCHEDULED.

FOR CITY USE ONLY

Beginning Time: _____ Tape Setting: _____ Ending Time: _____ Tape Setting: _____

The above listed Parking Violation was Upheld (or) Dismissed.

Reason for ruling by Hearing Officer: _____

Signed: _____
Hearing Officer

Date: _____

You may appeal this decision within 30 days by filing a notice of appeal with the Court and paying a \$25 filing fee at the Cashiers Office. (CVC 40230)