

HERMOSA BEACH POLICE DEPARTMENT

**PARKING VIOLATION ADMINISTRATIVE REVIEW PROCESS
REQUEST FOR ADMINISTRATIVE REVIEW**

**COMMUNITY SERVICES DIVISION
1315 VALLEY DRIVE
HERMOSA BEACH, CA 90254
FAX (310) 937-5959**

Name: _____ Citation # _____
Address: _____ Date of Violation _____
City, State, Zip: _____ Time of Violation _____
Phone # (____) _____ Penalty Amount _____

Please Mark One: Registered Owner Operator Lessee Rentee

In accordance with California Vehicle Code Section 40215, you have **21** days from the date the citation was issued or **14** days from the mailing date of the Delinquent Notice of Parking Violation to submit a request for an Administrative Investigation. Please provide a written or typed statement in the space provided (attach additional sheets if necessary) as to why you feel the citation was issued in error. Include any documents/materials (e.g. receipts, pictures, etc.) to support your claim. **If you paid a meter/space using a credit card, for verification purposes please include the first six (6) and last four (4) numbers of the card (Visa/Master Card) used and submit a banking statement showing a debit. All documentation/materials MUST be submitted with the Administrative Review form. Documents/materials submitted for review will not be returned.**

_____ Signature _____ Date _____ Driver's License # _____

FOR OFFICE USE ONLY

Counter	<input type="checkbox"/>	Date Requested	_____	Status:	
Phone	<input type="checkbox"/>	Date Received	_____	Dismissed	<input type="checkbox"/>
Email	<input type="checkbox"/>	Results Mailed	_____	Upheld	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Date Inspected	_____		
Fax	<input type="checkbox"/>				

Processor _____ Investigator _____