HERMOSA BEACH POLICE DEPARTMENT

PARKING VIOLATION ADMINISTRATIVE REVIEW PROCESS
REQUEST FOR ADMINISTRATIVE REVIEW

COMMUNITY SERVICES DIVISION
1315 VALLEY DRIVE
HERMOSA BEACH, CA 90254

Name: _____ Citation # and License Plate # _____

Mailing 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.**

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_____ _____ _____
Signature Date Email

FOR OFFICE USE ONLY

Counter ☐ Date Requested _____ Status:
Phone ☐ Date Received _____ Dismissed ☐
Email ☐ Results Mailed _____ Upheld ☐
Mail ☐ Date Inspected _____

Processor _____ Investigator _____