



City of La Puente

15900 Main Street La Puente CA 91744

Telephone: (626) 855-1500

Fax: (626) 961-4626

REQUEST FOR ADMINISTRATIVE INITIAL REVIEW OF A PARKING CITATION

I hereby request an Administrative Initial Review of my parking citation. The reason I am consenting this parking citation is because:

(If more space is required, use the back of this form)

"I understand that this Request for Administrative Initial Review must be postmarked within twenty-one (21) days after the issuance of my citation or within ten (10) days of the mailing of the notice of delinquent parking violation for the request to be processed."

I certify that the foregoing is true and correct to the best of my knowledge.

Signature: _____ Date: _____

The City of La Puente will conduct a review of your parking citation based on the information you have provided. You must include copies of all applicable documentation relating to your appeal (i.e. vehicle registration, any photos, for a handicapped ticket submit a copy of placard registration and blue placard). Results of the review will be mailed to the vehicle's registered address on file with the DMV, unless otherwise specified. In order for your request to be processed, the following information **MUST** be provided:

Please print clearly

Name: _____

Are you the register owner: YES NO Phone #: _____

Address: _____

Citation # : _____ Issued Date: _____ License Plate #: _____

CITY STAFF USE ONLY

Date of Filing: _____ Received for Filing by: _____

Date Reviewed: _____ Reviewed by: _____

DETERMINATION: Liable Liable (time exceeded limit) Not Liable

Proof of an equipment violation correction presented? YES NO

Comments: _____

