CITY OF RIVERSIDE REQUEST FOR INITIAL ADMINISTRATIVE REVIEW OF A PARKING CITATION

"I understand that this Request for Initial Administrative Review must be postmarked within 21 calendar days of the issuance of my citation or within 14 calendar days of the mailing of the notice of delinquent parking violation for the request to be acted upon."

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In order for your request to be processed, the following information must be provided:

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Please print clearly		
Citation#:	License Plate#:	
Name:		
Address:		
City:	State: Zip Code:	
I hereby request an administrative review of my citation is:	y parking citation. The reason I am contesting this	parking
(If more space is requi	ired, please use a separate sheet)	
I certify that the fo	oregoing is true and correct.	
Signature:	Date:	
must include copies of all applicable document	ng citation based upon the information you provident antation relating to your appeal (i.e. vehicle regises) abmitted will not be returned. Your citation will end be mailed to you.	stration,

Mail to: C/O City of RIVERSIDE, P. O. Box 10479, Newport Beach, CA 92658-0479