REQUEST FOR ADMINISTRATIVE REVIEW OF PARKING VIOLATION

Palos Verdes Estates Police Department
340 Palos Verdes Drive West
Palos Verdes Estates CA 90274
310-378-4211

NAME _____ CITATION NO PVE_____

ADDRESS _____ DATE OF VIOLATION _____

CITY _____ TIME OF VIOLATION _____

HOME PHONE _____ CELL PHONE _____

Pursuant to California Vehicle Code Sections 40200.7 and 40215, you have 21 days from the violation date, or 14 days from the mailing date of the delinquent notice of parking violation to submit a request for an ADMINISTRATIVE REVIEW. Please provide a written statement why you believe this parking violation notice was issued in error. Include any proof (i.e. receipts, pictures, etc.) to support your statement. Materials submitted for review will not be returned. Please type or print your statement either using the below form or on another sheet of paper. The results of the ADMINISTRATIVE REVIEW will be mailed to you at the address you have provided above.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____ Date _____

FOR OFFICIAL USE ONLY

☐ ***REQUESTED BY TELEPHONE*** ***DATE RECEIVED*** _____ ***DISMISSED*** ☐

☐ ***REQUESTED IN PERSON*** ***DATE MAILED*** _____ ***UPHELD*** ☐

☐ ***REQUESTED IN WRITING***

Reviewing Officer _____ ***ID#*** _____

Rev. 4/09