



LINCOLN POLICE DEPARTMENT
REQUEST FOR CITATION REVIEW



Parking Administration – Request for review Date:

Name: Home Phone:

Address: Work Phone:

City: State: Zip: Issue Date:

Citation#: Officer ID#: Chalk Time: Meter#:

Violation Code: Vehicle License #: Location:

Reason for Review:

Staff Review:
Comments:

Your request has been approved and the citation will be dismissed.

Reviewed by: Date:

Your request has been denied, the penalty must be paid. Failure to do so may result in late charges and withholding of your vehicle registration until such fees are paid. Send penalty with a copy of this form to: Parking Administration, P.O. Box 25120, Santa Ana, CA 92799-5120

Reviewed by: Date:

Violation Appeal:
Should you wish to appeal this review, check this box and return this form ALONG WITH CHECK OR MONEY ORDER in the amount of the penalty within 21 days (Per 40215(b) vc) of receipt of this notice. Upon receipt of this form and payment, the Hearing Examiner will review your request. This form will be mailed back to you advising of the Hearing Examiner ruling. You may appear for your Hearing in person or you may send a written Declaration. Please check the appropriate box.
I wish to appear in person.
I wish to submit a written declaration (no appearance necessary).

For office use only: Hearing Examiner Review
Hearing Time: Hearing Date:

Hearing Examiner:

Disposition: Citation upheld: Citation dismissed:

Explanation: