

**CITY OF STANTON
REQUEST FOR ADMINISTRATIVE REVIEW
OF A PARKING CITATION**

“I understand that this Request for 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.”

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

Please print clearly

Citation#: _____ License Plate#: _____

Issue Date: _____ Location of Violation: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I hereby request an administrative review of my parking citation. The reason I am contesting this parking citation is:

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

I certify that the foregoing is true and correct.

Signature: _____ Date: _____

A review of your parking citation will be based upon the information you provide. You must include copies of all applicable documentation relating to your appeal (i.e. vehicle registration, permit or placard). The documentation will not be returned to you. Your citation will either be canceled or upheld. Results of the review will be mailed to you.

Mail to: City of Stanton, P. O. Box 2081, Tustin, CA 92781-2081