# HERMOSA BEACH POLICE DEPARTMENT

## PARKING VIOLATION ADMINISTRATIVE REVIEW PROCESS
## REQUEST FOR ADMINISTRATIVE REVIEW

**COMMUNITY SERVICES DIVISION**
**1035 VALLEY DRIVE**
**HERMOSA BEACH, CA. 90254**
**(310) 318-0209**

Name: _____ Citation # _____

Address: _____ Date of Violation _____

City, State, Zip: _____ Time of Violation _____

Phone # **(_____)**_____ Penalty Amount _____

In accordance with California Vehicle Code Section 40215, you have 21 days from the date the citation was issued **or** 14 days from the mailing date of the Delinquent Notice of Parking Violation to submit a request for an Administrative Investigation. Please provide a written or typed statement in the space provided (attach additional sheets if necessary) as to why you feel the citation was issued in error. Include any materials (e.g. receipts, pictures, etc.) to support your claim. **Materials submitted for review will not be returned.**

_____

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_____ _____
Signature Date

_____ _____
Social Security # Drivers License #

The results of the Administrative Investigation will be mailed to the address you provide

**FOR OFFICE USE ONLY**

| | | |
|---|---|---|
| Telephone | Date Requested _____ | Status: |
| In Person | Date Received _____ | Dismissed |
| Written | Results Mailed _____ | Upheld |
| | Date Inspected _____ | |

Processor _____ Investigator _____

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