



305 N. Mt. Shasta Boulevard  
Mt. Shasta, California 96067  
(530) 926-7510 FAX (530) 926-7521

## REQUEST FOR ADMINISTRATIVE REVIEW OF CITATION

Date \_\_\_\_\_

Citation Number \_\_\_\_\_ Date of Citation \_\_\_\_\_

**CONTESTING PARTY:** Please Print

\_\_\_\_\_  
FIRST LAST MI

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

TELEPHONE \_\_\_\_\_

Vehicle Registered Owner Name \_\_\_\_\_

**(Parking Violation Only)**

**REASON FOR REVIEW & HEARING:** Be specific. State reason you believe citation is not valid. Attach any supporting documentation or evidence (witness statements, photos, etc.) that may assist us in making our decision. If more space is required, attach a separate page or use the reverse side of this form.

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**SIGNATURE OF PERSON REQUESTING ADMINISTRATIVE REVIEW**

Received by \_\_\_\_\_ Date Received \_\_\_\_\_

**FORM DISTRIBUTION:** Copy to Contesting Party - Original to Hearing Officer