



Piedmont Police Department

403 Highland Avenue
Piedmont, CA 94611
(510) 420-3000
FAX (510) 420-1220

REQUEST FOR ADMINISTRATIVE REVIEW OF PARKING CITATION (PPD Policy 516.7)

Date Citation Received: Month _____ Date _____ Year _____

Vehicle Owner Information	
Name	
Address	
City, State, Zip	
Telephone Number(s)	

Citation Information	
Citation Number	License Plate Number

Citizen Claim/Statement for Review/Consideration: _____

I declare under penalty of perjury that the above statement is true and correct:

Signature _____	Date _____
-----------------	------------

FOR OFFICIAL USE ONLY

Received by:	Date:	Time:
Issuing Officer:	Remarks:	

Recommend: *Dismiss* *Uphold*

Supervisor:	Remarks:

Final: *Dismiss* *Uphold*

Data Ticket notified of dismissal (Date):	By:
Disposition mailed to Petitioner (Date):	By: