



**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 _____
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**FOR OFFICIAL USE ONLY**

<b>Received by:</b>	<b>Date:</b>	<b>Time:</b>
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<b>Issuing Officer:</b>	<b>Remarks:</b>

Recommend:     *Dismiss*     *Uphold*

<b>Supervisor:</b>	<b>Remarks:</b>

**Final:**     *Dismiss*     *Uphold*

<b>Data Ticket notified of dismissal (Date):</b>	<b>By:</b>
<b>Disposition mailed to Petitioner (Date):</b>	<b>By:</b>