



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

**PARKING CITATION HEARING EXAMINATION REQUEST/RESULT FORM**

Citation Number:	Date Citation Received:
License Plate:	Name:
Address:	Telephone Number:

Statement/Reason for Hearing Request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Examination Request: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	Check# Rcvd:	Amount \$
Hearing Date/Time:	Hearing By Mail:	Notified by:
Hearing Location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EXAMINATION RESULTS / TO BE COMPLETED BY HEARING OFFICER**

**Hearing Results:** Citation DISMISSED Citation NOT DISMISSED

Check Returned: YES NO Check# \_\_\_\_\_

Date/Time Hearing Closed: \_\_\_\_\_

Hearing Officer Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hearing Officer Signature:	Date:
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**Data Ticket Notification of Hearing Results:**

Date/Time: \_\_\_\_\_ Notified by: \_\_\_\_\_