

**CITATION
PROCESSING
CENTER**

P.O. BOX 4367
INGLEWOOD, CA 90309-4367
TEL: 1-866-412-5565
FAX: 1-310-330-5755
<http://www.ptsonline.org>

PARKING CITATION ADMINISTRATIVE HEARING REQUEST

PLEASE TYPE OR PRINT THE FOLLOWING:

Issuing Agency: _____

Respondent's Name: _____

Citation Number: _____

Address: _____

Date of Citation: _____

City, State & Zip: _____

Vehicle License Number: _____

Phone Number: _____

Permit Number: _____

When contesting a parking citation, clearly explain why you believe the citation was issued in error, include relevant information you believe supports your claim, include copies of any supporting documents, witness statements and photographs. Please note that neither any documents submitted will be returned to you nor will copies be provided for you.

Statement of Facts: _____

Please indicate if you are requesting a hearing: In Person or by By mail

Signature _____ **Date** _____

THIS FORM MUST BE SUBMITTED WITHIN 21 DAYS FOLLOWING THE MAILING OF THE RESULTS OF THE INITIAL REVIEW. A DEPOSIT MUST BE RECEIVED BEFORE A HEARING WILL BE SCHEDULED.

*PLEASE RETURN AS A 3-PART FORM

Hearing determination will be mailed to address provided.

FOR OFFICIAL USE ONLY

Review by: _____ I.D. NO: _____ DATE: _____

Citation Dismissed Violation: _____

Citation Valid Violation: _____

Comments: _____

NOTICE: If you are dissatisfied with the results of the ADMINISTRATIVE HEARING, you may request a REVIEW by filing an appeal through the SUPERIOR COURT, NO LATER THAN 30 DAYS following the date of the response to the Administrative Hearing. Failure to respond within the 30 days will result in a loss of your RIGHT to further dispute the citation.

Determination Mailed Date: _____

White: Citation Processing Center Yellow: Violator's Copy Pink: Hearing Examiner