REQUEST FOR CITATION REVIEW

City of San Luis Obispo

PLEASE <u>PRINT</u> CLEARLY AND LEGIBLY IN INK

NAME:	
ADDRESS:	
CITY, STATE, ZIP:	

VEHICLE LICENSE PLATE:	CITATION NUMBER:
DATE RECEIVED:	**PHONE NUMBER:**

This is a request for citation **review** only. Submittal of this request <u>does not</u> mean your citation will be automatically dismissed. Your request will be carefully reviewed. Be certain that you explain all of the facts and any extenuating circumstances clearly and completely. Photographs, diagrams or other evidence included or attached will not be returned to you. **Whenever possible include a <u>copy</u> of the citation.** *<u>Retain the original copy of the citation.</u>* You will be notified by mail of the disposition of your request.

The above is a true and accurate account of the facts surrounding the issuance of my citation, as I understand them and my reasons for believing this citation should be dismissed.

Signature:_____ Date: _____

*****FOR PARKING SERVICES OFFICE USE ONLY*****

***Citation Decision*: ____ Dismissed _____Upheld *Mail Date*: _____**

Reason: _____

_____

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Return Form to: City of San Luis Obispo Parking Services •1260 Chorro Street, Suite B • San Luis Obispo, CA 93401
For More Information Phone (805) 781-7230