REQUEST FOR PARKING CITATION REVIEW
City of San Luis Obispo

PLEASE PRINT CLEARLY AND LEGIBLY IN INK

<table>
<thead>
<tr>
<th>NAME:</th>
<th>VEHICLE LICENSE PLATE:</th>
<th>CITATION NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>DATE RECEIVED:</td>
<td>PHONE NUMBER:</td>
</tr>
<tr>
<td>CITY, STATE, ZIP:</td>
<td></td>
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In accordance with California Vehicle Code (CVC) § 40215, you have 21 calendar days from the date the citation was issued or 14 calendar days from the mailing date of the Notice of Delinquent Parking Violation to submit a request for an initial review of the citation. There is no charge for the initial review. Submittal of this request does not mean your citation will be automatically dismissed.

You MUST submit all supporting documentation such as copy of disabled placard, copy of vehicle registration, photographs, receipts, or other evidence at the time this form is submitted. Any documents submitted after receipt of this review form will not be considered. Any documents included or attached will not be returned to you. Whenever possible include a copy of the citation.

Once completed, mail or return this form and any supporting documentation to the:
City of San Luis Obispo's Parking Services Division, 1260 Chorro Street Suite B, San Luis Obispo, CA 93401. You will be notified by mail of the disposition of your request.

Requestor's Statement: Please choose one of the following explanations as to why you believe the citation should be dismissed.

☐ The violation did not occur;

☐ The registered owner was not responsible for the violation; OR

☐ Extenuating circumstances (defined as an unusual circumstance beyond the control of the operator and/or registered owner) make dismissal of the citation appropriate in the interest of justice (Please explain):

________________________________________________________________________
________________________________________________________________________

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 of requestor: ______________________________ Date: ____________________

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

Citation Decision:    _____ Dismissed    _____ Upheld    Mail Date: __________

Reason: ________________________________________________________________

________________________________________________________________________

Signature of Reviewer: ______________________________ Date: ____________________

For More Information Contact the Parking Services Office at (805) 781-7230

Rev. December 2019