

**Roseville Police Department
Parking Citation Review Request**

THIS REQUEST FOR REVIEW MUST BE SUBMITTED WITHIN TWENTY-ONE (21) DAYS OF CITATION ISSUE DATE, OR FOURTEEN (14) DAYS FROM THE DATE A DELINQUENT NOTICE IS MAILED.

INSTRUCTIONS: Print legibly and be as detailed as possible. Attach a photocopy of your citation to this form. Mail to 1051 Junction Blvd., Roseville, CA 95678. You will be notified in writing within seven (7) days of a decision. In the event your appeal is denied, you have twenty-one (21) days from the date the decision is mailed to you to request an Administrative Hearing. Keep your copy of the citation in your possession. ***The filing of this request does not suspend the time period within which you have to pay any citation.***

Name _____ Today's Date _____
Address _____ Citation number _____
City _____ State _____ Zip _____ Vehicle license No. _____
Officer's ID No. _____
Date issued _____

I request this citation be reviewed for the following reasons. (Attach a copy of parking permit, diagram or other information you wish to have considered.)

I certify under penalty of perjury that the above statement is true and correct to the best of my knowledge.

Signature _____ Daytime telephone: _____

DO NOT WRITE BELOW THIS LINE

Issuing Officer's Recommendation: Dismiss Warn Deny

Administrative Review and Decision:

Dismissed without penalty: In the interest of justice, based on the facts and information presented herein, we have decided to dismiss the citation shown above without penalty. *Please be advised that you may still receive an initial bill even if your citation is dismissed. You may disregard this initial bill but please feel free to call us if you receive a second bill in error after a dismissal has been granted.*

Dismissal with warning only: In the interest of justice, based on the facts and information presented herein, we have decided to dismiss the citation shown above, without penalty, except to serve as a warning that a repeat violation would result in a penalty.

Appeal denied: Based on the facts and information presented herein, this appeal is denied. Any further appeal must be handled by requesting an administrative hearing. If an administrative hearing is desired, please mail a statement in writing that a second level hearing is desired along with your name, citation number and payment in full. A reversal of this decision will result in a refund of payment. Mail to:

**Payable to: City of Roseville
Parking Citation Service Center
P.O. Box 11923; Santa Ana, CA 92711
If you have further questions, please call 916-774-5030.
By Phone: 877-360-2550 Online: www.paymystate.com/roseville**

Comments of the reviewer: _____

By: _____ Date: _____

If you wish to contest a **parking** citation, please print & complete the above form. You may mail or deliver it to:

**Roseville Police Department
Records Division
1051 Junction Blvd.
Roseville, CA 95678**

Or FAX it to:

916-781-2344

You will be contacted within a week by mail or telephone.