

**Placerville / Banner Parking Services
PARKING CITATION REVIEW REQUEST**

Name: _____ Today's Date _____ Cite # _____
Address: _____ Date Cite Issued _____ Veh.Lic. #: _____
_____ Location _____ Violation _____

THIS REVIEW REQUEST MUST BE SUBMITTED WITHIN 21 DAYS OF CITATION ISSUE DATE

INSTRUCTIONS: Please print legibly and be as detailed as possible. You may either mail this Review Request to: City of Placerville, Attn: Banner Parking, 3101 Center Street, Placerville, CA 95667, or submit it in person at City Hall, 3101 Center Street, 1st Floor, Placerville, California. You will be notified in writing within **ten (10) days** of a decision. In the event your appeal is denied, you have **fifteen (15) days** from the date this decision is mailed to you to request an administrative hearing. Keep the citation in your possession. The filing of this request does not suspend the time period within which you have to pay any citation. **Should you have questions concerning this Review Request, call Banner Parking at (530) 642-5268.**

I request this citation be reviewed for the following reasons: (Attach a copy of the 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 Number _____

DO NOT WRITE BELOW THIS LINE

Issuing Officer's Recommendation: () *Dismiss* () *Warn* () *Deny* Review Date _____

ADMINISTRATIVE REVIEW AND DECISION:

- () *Dismissal without penalty:* In the interest of justice, based on the facts and information presented herein, we have decided to dismiss the citation listed above without penalty.
- () *Dismissal with warning only:* In the interest of justice, based on the facts and information presented herein, we have decided to dismiss the citation listed above without penalty.
- () *Appeal Denied:* This appeal is denied based on the facts and information presented herein. Any further appeal must be handled by requesting an administrative hearing. If an administrative hearing is desired, please call **(530) 642-5268 within fifteen (15) days.**

Comments of reviewer:

By: _____

Date _____