



# REQUEST FOR PARKING CITATION REVIEW

## City of San Luis Obispo

PLEASE PRINT CLEARLY AND LEGIBLY IN INK

NAME:	VEHICLE LICENSE PLATE:	CITATION NUMBER:
ADDRESS:	DATE RECEIVED:	PHONE NUMBER:
CITY, STATE, ZIP:		

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):

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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: \_\_\_\_\_

\*\*\*\*\*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**