

# CITY OF POWAY

## REQUEST FOR ADMINISTRATIVE REVIEW OF PARKING CITATION

### 1. COMPLETE THE FOLLOWING: (please print)

Citation No. \_\_\_\_\_ Date Issued: \_\_\_\_\_

Vehicle License No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City, State, ZIP Code

Email address: \_\_\_\_\_@\_\_\_\_\_

### 2. TYPE OF CITATION: (Please provide the following documentation)

- Disabled Person Zone Violation (a copy of the citation and current placard)
- All Others (a copy of the citation and any documentation to be considered during the review)

### 3. PLEASE BRIEFLY STATE IN THE SPACE BELOW THE REASON YOU FEEL THE PARKING TICKET WAS ISSUED IN ERROR. (if needed, use the back or additional page)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request will be reviewed promptly by the officer and the issuing agency. You will be notified of the results within 30 days of receipt of the application by the City of Poway.

4. \_\_\_\_\_  
Applicant's Signature Date

**Mail completed request to:**  
City Manager's Office, PO Box 789, Poway, CA 92074  
OR

**Deliver completed request to:**  
City of Poway Customer Services, 13325 Civic Center Drive

(This section to be completed by the City of Poway)

Issuing Agency		Disposition of Citation	
_____ City of Poway	_____ PUSD	_____ Upheld	_____ Dismissed

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_