

VACAVILLE POLICE DEPARTMENT  
ADMINISTRATIVE ADJUDICATION PROGRAM



REQUEST FOR ADMINISTRATIVE REVIEW OF A PARKING CITATION

NAME \_\_\_\_\_

CITATION # \_\_\_\_\_

ADDRESS \_\_\_\_\_

ISSUE DATE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

VEH LICENSE \_\_\_\_\_

PHONE # (\_\_\_\_\_) \_\_\_\_\_

I hereby request an administrative review of my parking citation. The reason I am contesting this parking citation is:

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

(If more space is required, use the back of this form)

"I understand that this Request for Administrative Review must be postmarked within **21 days** after the issuance of my citation or within 21 days of the mailing of the "Notice of Delinquent Parking Violation" for the request to be acted upon.

Signature \_\_\_\_\_ Date submitted \_\_\_\_\_

The city will conduct a review of your parking citation based on the information you provide. You must include copies of all applicable documentation related to your appeal (i.e. vehicle registration, photos, permit, placard, etc...). The documentation will not be returned to you. Your citation will either be dismissed or upheld. Results of the review will be mailed to you. **In order for your request to be processed, all the above information must be provided.**

MAIL TO: City of Vacaville  
660 MERCHANT ST.  
VACAVILLE, CA 95688  
ATTN: PARKING CITATIONS

OFFICE USE ONLY – DATE STAMP RCVD

EMP INIT & ID: