

Return form before Deadline Date to:

**COUNTY OF SONOMA**

**PARKING ADMINISTRATION & ADJUDICATION**

585 FISCAL DR, Room 100 (707) 565-1113

SANTA ROSA, CA 95403 (fax) 565-2610

\_\_\_\_\_  
Issuing Agency

**PARKING ADMINISTRATION  
REQUEST FOR REVIEW**

Please type or print clearly in ink.

Attach copy of citation.

CITATION NO. \_\_\_\_\_

**Deadline Date: 30 days from Citation Date**

Date Issued: \_\_\_\_\_

Vehicle License: \_\_\_\_\_

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

Violation Code: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

City: \_\_\_\_\_

Location: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Officer: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

REASON FOR REVIEW (if more space is required, use backside or attach additional sheets):

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

**DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY**

**R/O RECEIVED:**

**ADMINISTRATIVE REVIEW DECISION**

\_\_\_\_ Your request has been **approved** and the CITATION WILL BE **DISMISSED**.

\_\_\_\_ Your request has been **DENIED**; the fine must be paid. *Failure to pay or appeal within 21-calendar days of the "Proof of Service by Mail" date may result in assessment of late penalty fees and withholding of your vehicle registration until such fines are collected.*

REVIEWED BY \_\_\_\_\_ Date \_\_\_\_\_

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

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