

YOLO COUNTY SHERIFF'S DEPARTMENT

Request for Parking Citation Review

2500 East Gibson Road
Woodland, CA 95776-9327

Please print or type ~ READ CAREFULLY BEFORE COMPLETING

If you feel you were unjustly cited, you may request to have your citation reviewed. Fill out the review form below completely; stating in detail why you believe the citation should be dismissed. This form must be completed within 21 days of date of citation. If the 21 days have elapsed, you give up your right to a citation review. Your citation will be reviewed by the issuing officer and the traffic division supervisor. and if they feel that in the interest of justice, the citation should be dismissed, the officer will recommend dismissal. You will be notified by mail whether your request has been granted or denied. If your request is denied, payment **must** be made, or an Administrative Hearing requested. **THE FILING OF THE ADMINISTRATIVE HEARING REQUEST DOES NOT SUSPEND THE TIME PERIOD WITHIN WHICH YOU HAVE TO PAY THE CITATION FINE.**

Name: _____ Date: _____

Address _____ Day time Phone:() _____ - _____

City: _____ State _____ Zip Code: _____

Citation Number: _____ Vehicle License Number _____

Violations(s): _____, _____, _____

Issuing Officer: _____ Badge Number _____

(If more space is need continue on back)

Reason for Review: _____

I DECLARE UNDER PENALTY THAT THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____

Date _____

PARKING PERMIT VERIFICATION

Location: _____ Date: _____

Verified Not Verified Permit #: _____ Verified By: _____

DO NOT WRITE BELOW THIS LINE

Date/Time Received: _____ Received By: _____

Issuing Officer: _____ # _____ Dismiss Warn Deny

Traffic Officer: _____ # _____ Recommendation: _____

Comments: _____

Date of Review: _____ Date of Notification: _____