

CITY OF BARSTOW

REQUEST FOR ADMINISTRATIVE REVIEW OF NOTICE OF PARKING VIOLATION

NAME: _____ VEHICLE LICENSE _____
ADDRESS: _____ DAYTIME PHONE: _____
_____ CITATION # _____ DATE: _____

Any request for an administrative review of a notice of parking violation must be made within 21 days of the issuance of a Notice of Parking Violation or within ten days of the mailing of a Notice of Delinquent Parking Violation.

Please list all pertinent information as to why you believe this parking violation should be dismissed. List any known witnesses or supporting documents.

I hereby affirm and certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge.

X

Signature

Return completed form to: Barstow Police Department
Attn: Records Division
220 E. Mt. View St., Suite B
Barstow CA 92311