City of Carlsbad
Adjudication Processing
PO Box 2081
Tustin, CA 92781-2081

PARKING CITATION REQUEST FOR REVIEW

Date of Request _____

Officers Name_____

Citation#: CB	Date Ticket Issued:

CONTESTANT:_____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE - DAY: _____ **NIGHT:**_____

Please state your reason for appealing this citation in the space provided for on the "Statement of Facts". It is imperative that you present a preponderance of credible evidence against the prima facie case presented by the issuing agency. Copies of documentation as described below are necessary and should be attached to this form.

A. **Handicap: A copy of your disabled placard and identification card are necessary. Please include a copy of your placard registration papers.**
B. **Miscellaneous: The purpose of a review is to provide some additional information the issuing officer was not aware of at the time the citation was issued.**

You will be notified of the results, in writing, once the citation review has been completed. This process could take three weeks.

PLEASE INCLUDE ORIGINAL CITATION OR REMINDER NOTICE

CONTESTANT'S STATEMENT

I declare under penalty of perjury that the facts stated are true and correct.

_____ _____

Date **Signature**

STATEMENT OF FACTS

FOR OFFICE USE ONLY