



LOS ALAMITOS POLICE DEPARTMENT
 3201 KATELLA AVE., LOS ALAMITOS, CA 90720
 (562) 431-2255 EXT. 402 BUSINESS (562) 431-6499 FAX
 (562) 594-7232 24 HOUR POLICE SERVICES

CITATION NUMBER LA
TODAY'S DATE

PARKING CITATION REVIEW

Step 1 – Complete the form:

Complete sections 1 & 2 and return this form to the Los Alamitos Police Department for review. During the review process the 21 day time period will be stopped, upon completion of the review, the time period will continue from the day the ticket was issued (the 21 days does not include the review time).

Step 2 – Police Department review:

After your request has been reviewed, you will receive a response within 10 business days, by mail, indicating if whether your request was approved or denied:

- Should your request be **approved**, no further action is necessary, please retain this for your records.
- Should your request be **denied**, you have the option of appealing this decision. Go to Step 3.

Step 3 – Violator appeal (final review):

Your request has been denied, you have two options:

- Pay the fines, **or**
- Complete Section 3, *Violator Appeal*, and include payment (complete instructions are listed below). You must complete this section fully or we cannot comply with your request. Mail this form along with payment to the Los Alamitos Police Department

Step 4 – Hearing Examiner review:

After your appeal has been reviewed, you will receive a response by mail. Once the Hearing Examiner has made their decision the appeal process is completed. If your appeal be approved your payment will be returned to you.

SECTION 1: VIOLATOR INFORMATION

DATE CITATION ISSUED	VIOLATION CODE(S)	VEHICLE LICENSE NUMBER	STATE
NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	
STREET ADDRESS		DAY PHONE (INCL A/C)	<input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS
CITY, STATE, ZIP		NIGHT PHONE (INCL A/C)	<input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS

SECTION 2: REASON FOR REQUEST

REQUEST RECEIVED BY (NAME / ID #)	RECEIVED DATE	RECEIVED TIME
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POLICE DEPARTMENT USE ONLY

<input type="checkbox"/> YOUR REQUEST HAS BEEN APPROVED . THE CITATION WILL BE DISMISSED	
<input type="checkbox"/> YOUR REQUEST HAS BEEN DENIED . THE PENALTY MUST BE PAID AND IS DUE WITHIN 21 DAYS OF THIS NOTICE.	
COMMENTS:	
REVIEWING OFFICER NAME / ID #	DATE OF REVIEW

SECTION 3: VIOLATOR APPEAL

Should you wish to appeal this decision, check the box below for your method of appeal. *Return this form, along with a check or money order for the amount listed on the citation within ten days of receipt of this notice. Upon receipt of this notice **and** your payment, the hearing examiner will review your request.* A copy of this form will be returned to you by mail with the hearing examiner's ruling. You may appear for your hearing in person or you may send a written declaration. Please check the appropriate box below.

*Appeal hearings are conducted by McDonald Hearing Services, an independent firm.

- I wish to appear in person (you will be notified of the date and time)
- I wish to submit a written declaration (no appearance is necessary)

SIGNATURE OF VIOLATOR	DATE
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OFFICIAL USE ONLY – HEARING EXAMINER REVIEW

HEARING EXAMINER	HEARING TIME	HEARING DATE
DISPOSITION: _____	CITATION UPHELD	CITATION DISMISSED
COMMENTS:		