



**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 <b>LA</b>
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:

- *Approved:* If your request was approved, no further action is necessary. Retain this document for future reference.
- *Denied:* If your request was denied, you have the option of appealing. 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 by the Hearing Examiner, you will receive a response by mail. Once the Hearing Examiner has made his/her decision the appeal process is completed. If your appeal has been 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 (INCLUDE AREA CODE) ( )	<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 <b>APPROVED</b> . THE CITATION WILL BE DISMISSED			
<input type="checkbox"/> YOUR REQUEST HAS BEEN <b>DENIED</b> . THE PENALTY MUST BE PAID AND IS DUE WITHIN 21 DAYS OF THIS NOTICE.			
COMMENTS:			
REVIEWING OFFICER (NAME / ID #)	DATE OF REVIEW	PROCESSED BY (NAME / ID #)	DATE MAILED

**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.

<input type="checkbox"/> I wish to appear in person (you will be notified of the date and time)	<input type="checkbox"/> I wish to submit a written declaration
SIGNATURE OF VIOLATOR	DATE

**OFFICIAL USE ONLY – HEARING EXAMINER REVIEW**

HEARING EXAMINER	HEARING TIME	HEARING DATE
DISPOSITION: <input type="checkbox"/> CITATION UPHeld <input type="checkbox"/> CITATION DISMISSED		
COMMENTS:		