



INITIAL REVIEW TO CONTEST A PARKING CITATION

This Request for Initial Review must be postmarked within 21 calendar days of the issuance of the citation or within 14 days of the mailing of the original Notice of Delinquent Parking Violation for the request to be acted upon.

- In order for your request to be processed, the following information must be provided and will not be returned: Complete one Initial Review form for each citation.
• Write or print legibly. Use a ballpoint pen.
• Include a copy of the Original Citation or the Notice of Delinquent Parking Violation.
• If the citation was issued for lack of a required permit or hang tag; enclose a copy, and note the color of the permit or hang tag.
• A handicapped parking citation requires a copy of the placard and the DMV Disabled Person Placard Identification receipt or the vehicle's registration for a Disabled Person License plate.

Citation #: _____ License Plate #: _____ Violation Code: _____

Date and Time Issued: _____ Location: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number (_____) _____ Number of Violations on this Citation (1, 2, or 3):

The reason(s) I am contesting this parking citation is/are:

Multiple horizontal lines for providing reasons for contesting the citation.

I certify that the foregoing is true and correct.

Signature: _____ Date: _____

The City will conduct a review of your parking citation based upon the information you provide. Your citation will either be canceled or upheld. The results of the Initial Review will be mailed to you and will also be available online at www.pticket.com/monrovia

Mail to: City of Monrovia, Adjudication Processing, PO Box 2081, Tustin CA 92781-2081

CITY USE ONLY: Violation 1 Amt Due: _____, Violation 2 Amt Due: _____, Violation 3 Amt Due: _____, Total Amt Due: _____, DATE: _____ BY: _____