



CITY OF VISTA
CALIFORNIA
200 Civic Center Drive
Vista, Ca 92084

P (760) 639-6141 F (760) 639-6136

Request for Review of a Parking Citation(s)

It is requested that Parking Violation Notice # _____ (Citation No.)

Issued by Officer _____ on ____/____/____ Be Reviewed.
(Issued Date of Citation)

Date of Request ____/____/____ Are you the vehicle owner? Yes__ or No__

Indicate License Plate Number Below:

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State:

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Name: _____

Address: _____

City: _____

Telephone: _____

(Please briefly state your reason for this request in the space provided below. Attach any copies of Documents (Including Copy of Citation) that you might want considered in the review.)

THIS MATTER WILL BE PROMPTLY REVIEWED BY THE CODE ENFORCEMENT SUPERVISOR, THE OFFICER, AND THE ISSUING AGENCY. YOU WILL BE NOTIFIED AS SOON AS POSSIBLE OF THE REVIEW RESULTS.

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

Signature _____

