City of Atascadero

POLICE DEPARTMENT

PARKING CITATION ADMINISTRATIVE HEARING FORM

This section to be completed by the defendant: Citation Number: _____
Name: _____ Date of Citation: _____
Address: _____

Phone: _____ Email (optional) _____

Reason for contesting citation:
_____
_____
_____
_____

Signature: _____ Date: _____

Below for internal use – Forward Form to Traffic Division

This section completed by hearing officer:

Date and time of review: _____ Signature _____# _____

_____ UPHELD _____ DISMISSED

Reason:
_____
_____
_____
_____

Copy of review form: mailed / scanned _____ to defendant. Date:_____ Body # _____
Copy Dispatch Supervisor A. Ordonez on dismissals _____