

**CITY OF MOORPARK  
799 MOORPARK AVENUE  
MOORPARK CA 93021**

**INITIAL REVIEW OF PARKING CITATION**

An Initial Review may be requested in writing only. Please be specific in the Statement of Facts in explaining why you are requesting that the citation be dismissed. Please complete the front of this form and return it to our office **including the Parking Citation** (it is not necessary to mail in the payment). We will mail results of this Review to you.

PLEASE PRINT

Name: \_\_\_\_\_ Citation No.: \_\_\_\_\_

Address: \_\_\_\_\_ Violation No.: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Time Citation Issued: \_\_\_\_\_

Vehicle License No.: \_\_\_\_\_ Date Citation Issued: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

STATEMENT OF FACTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If you need additional space, please use the attached continuation page)

I declare, under penalty of perjury under the laws of the State of California, that the foregoing statement is true and correct.

Executed by:

\_\_\_\_\_  
(Name)

on \_\_\_\_\_  
(Date)

at \_\_\_\_\_  
(City & State)



(FOR OFFICE USE ONLY)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Moorpark Police/Public Works Department)

Determination (Circle One):            Appellant Liable            Appellant Not Liable

Citation No.: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

The facts above have been reviewed and the above referenced citation HAS NOT been recommended for dismissal. If you wish to pursue this further, you must present this form to the City of Moorpark, 799 Moorpark Avenue, Moorpark, CA or call (805) 517-6366, prior to the date indicated in your letter.

Signature \_\_\_\_\_ Date \_\_\_\_\_

INITIAL REVIEW DETERMINATION/COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WRITTEN STATEMENT OF ADMINISTRATIVE HEARING OFFICER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Officer's Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Officer's Signature \_\_\_\_\_