



**CITATION  
PROCESSING  
CENTER**

P.O. BOX 4367  
INGLEWOOD, CA 90309-4367  
TEL: 1-866-412-5565  
FAX: 1-310-330-5755  
<http://www.ptsonline.org>

**PARKING CITATION INITIAL REVIEW**

PLEASE TYPE OR PRINT THE FOLLOWING:

Issuing Agency: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

Citation Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Citation: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

When contesting a parking citation, clearly explain why you believe the citation was issued in error, include relevant information you believe supports your claim, include copies of any supporting documents, witness statements and photographs. Please note that any documents submitted will not be returned to you, nor will copies be provided for you.

Statement of Facts: \_\_\_\_\_

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

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

THIS FORM MUST BE SUBMITTED WITHIN 21 DAYS OF THE DATE OF THE CITATION BEING ISSUED OR WITHIN 14  
DAYS AFTER THE NOTICE OF ILLEGAL WAS MAILED! \*PLEASE RETURN AS A 3-PART FORM  
Review determination will be mailed to address provided.

**FOR OFFICIAL USE ONLY**

Review by: \_\_\_\_\_ I.D. NO: \_\_\_\_\_ DATE: \_\_\_\_\_

[ ] Citation Dismissed Violation: \_\_\_\_\_

[ ] Citation Valid Violation: \_\_\_\_\_

Comments: \_\_\_\_\_

NOTICE: If you are dissatisfied with the results of the INITIAL REVIEW, you may request an ADMINISTRATIVE HEARING NO LATER THAN 21 DAYS following the date of the response to the initial review. Failure to respond within the 21 days will result in an INCREASE IN BAIL and loss of your RIGHT to further dispute the citation.

[ ] Determination Mailed Date: \_\_\_\_\_

White: Citation Processing Center Yellow: Violator's Copy Pink: Issuing Agency