

SAN MARINO POLICE DEPARTMENT

REQUEST FOR ADMINISTRATIVE HEARING

Parking Violation Notice #: _____ Date Issued: _____

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

I wish to contest this Parking Violation Notice and I request an Administrative Hearing.

_____ Date

_____ Signature of Requestor

Note: This request must be accompanied by a check or money order made payable to the "City of San Marino" for the full amount of the parking penalty.

Amount Paid: _____

Receipt #: _____

DO NOT WRITE BELOW THIS LINE

In response to your request, an Administrative hearing will be held on _____ at _____ at the San Marino Police Department, 2200 Huntington Drive, San Marino, California, 91108.

You must appear on this date and time or mail in your comments five days prior to this date and time. If you fail to appear, you forfeit the penalty assessment and your right to an Administrative Hearing for the Parking Notice.

To be completed by the Hearing Examiner

DECISION RENDERED:

_____ Hearing Examiner

_____ Date

_____ Requester notified

_____ Date