

# SAN MARINO POLICE DEPARTMENT

## REQUEST FOR ADMINISTRATIVE REVIEW

Parking Violation Notice #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

I wish to contest this Notice of Parking Violation for the following reason(s):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Reviewed By

**ACTION TAKEN:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Requester notified by

\_\_\_\_\_  
Date