



# CITY OF DAVIS POLICE DEPARTMENT PARKING CITATION REVIEW REQUEST



Parking Enforcement, Citation Appeals & Immobilization Inquiries: (530) 747-5400 • Citation Payment Inquiries: (530) 757-5651

• Visit our Web Site at <http://www.cityofdavis.org/police/parking.cfm> for Parking Maps & Additional Information •

## PARKING CITATION APPEALS

You may initiate a Parking Citation Review Request if you believe that the violation you were charged with either did not occur, or that extenuating circumstances existed to warrant the dismissal of the citation.

### Generally, parking citations are not dismissed for claims of the following:

- ◆ Lack of intent to violate the law.
- ◆ Shortage of parking spaces, on public or private property.
- ◆ (Illegal) use of parking space inconvenienced no one, even if usage was short in duration.
- ◆ Running late for an appointment, work, class, etc.
- ◆ Unable to leave work, class, etc., to move vehicle in a timed parking zone.
- ◆ Failure to see properly posted parking signage or painted curbs.
- ◆ Failure to purchase (or renew, upon expiration) City parking permits.
- ◆ Financial hardship. (The City does not reduce fines or offer community service in lieu of paying fines.)

### ⊙ IMPORTANT INFORMATION ⊙ DO NOT SEND PAYMENT AT THIS TIME

- If you appeal a parking citation, **the payment due date is temporarily placed on hold** pending the outcome of the review. No late charges will be applied during this time.
- A **NOTICE OF PARKING VIOLATION** will still be mailed to the registered owner of the vehicle 7 days after the citation issue date. If you appeal a parking citation, **you may safely ignore this notice.**

### Parking Citation Review Form Instructions

- 1 Fill out the REVIEW FORM on the attached page.  
Include any information you wish to be considered, including diagrams and/or photographs. Do not attach your original citation(s); keep them for your records.
- 2 Mail, deliver or fax your completed REVIEW FORM to:  
  
**Davis Police Department  
Attn: Parking Reviews  
2600 5th Street  
Davis, CA 95618-7718**  
  
Fax: (530) 757-7102
- 3 **DO NOT SEND PAYMENT AT THIS TIME.**

- 4 The REVIEW FORM must be **RECEIVED** within **21 CALENDAR DAYS** of the citation issue date.  
Postmarks are not accepted.
- 5 You will be notified by mail with the results of the review, which may take up to 4 weeks to complete.  
If you do not hear back within 4 weeks, it is your responsibility to call (530) 747-5400 with your citation number to check on the status of your review.

### Notification of Results

- If your parking citation is **dismissed**, a letter will be mailed to you, and no payment will be necessary.

- If your parking citation is **deemed to be valid**, a letter will be mailed to you, at which time payment will be due within 14 calendar days of the notice date printed on that letter. If you are not satisfied with the results of the review, information on how to request an **Administrative Hearing** will be included with your letter.

### Questions?

If you have any questions about your parking citation, or need assistance in preparing your Parking Citation Review Request, please call the Davis Police Department at (530) 747-5400 during normal business hours.



# CITY OF DAVIS POLICE DEPARTMENT PARKING CITATION REVIEW REQUEST



➤ **USE THIS FORM TO APPEAL OR CONTEST A PARKING CITATION**

## REVIEW FORM

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### PERSONAL INFORMATION

NAME (first, middle initial, last)		
MAILING ADDRESS (street number, street name, APT or SUITE NUMBER)		
CITY	STATE	ZIP CODE
DATE OF BIRTH (month, day, year) / /	DRIVERS LICENSE # (and state, if not CA)	
DAYTIME PHONE #	<input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	ALTERNATE PHONE # <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell
We may need to call you if we have any questions.		

### CITATION INFORMATION

CITATION(S) BEING CONTESTED – <b>REQUIRED FIELDS</b> <small>(citation numbers appear at or near the top of parking citations)</small>	
Citation Date ___ / ___ / ___	Citation(s) # _____
Citation Date ___ / ___ / ___	Citation(s) # _____
Citation Date ___ / ___ / ___	Citation(s) # _____
VEHICLE LICENSE PLATE # – <b>REQUIRED FIELD</b> (and state, if not CA)	
<b>PARKING PERMIT</b> (if you have a residential, commuter, disabled, or other permit)	
PERMIT NUMBER _____	EXAMPLE: <b>HR015, XC801, A123456</b> (disabled)

### FACTS ESTABLISHING CLAIM FOR DISMISSAL

*PRINT LEGIBLY or TYPE, attach additional sheets if necessary*

I certify under penalty of perjury that the above statement is true and correct to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### FOR OFFICE USE ONLY *do not write in this area*

ARRQ _____	<input type="checkbox"/> Dismissed
MAILED _____	<input type="checkbox"/> Valid
	<input type="checkbox"/> Denied