



PARKING CITATION INITIAL REVIEW



PLEASE TYPE OR PRINT THE FOLLOWING:

Issuing Agency: **CITY OF CERES**

Respondent's Name: _____

Citation Number: _____

Address: _____

Date of Citation: _____

City, State & Zip: _____

Vehicle License Number: _____

Phone Number: _____

Placard 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: PLEASE SEE ATTACHED.

Signature _____ Date _____

**THIS FORM MUST BE SUBMITTED WITHIN 10 DAYS OF THE DATE OF THE CITATION BEING ISSUED OR WITHIN 14 DAYS
AFTER THE NOTICE OF ILLEGAL PARKING WAS MAILED.**
Review determination will be mailed to address provided above.

FOR OFFICIAL USE ONLY

Reviewed 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 10 DAYS following the date of the response to the initial review. Failure to respond within the 10 days will result in an INCREASE IN BAIL and loss of your RIGHT to further dispute this citation.

Determination Mailed Date: _____