



Yolo County Sheriff's Office

140 Tony Diaz Drive, Woodland, CA 95776

(530) 668-5280 Fax (530) 668-5238 (916) 375-6493

Request For Parking Citation Review

OFFICE USE ONLY Received by:
Date:
Time:
Disposition Notification Date:

READ CAREFULLY BEFORE COMPLETING

If you feel you were unjustly cited, you may request to have your citation reviewed. Fill out the review form below completely; stating in detail why you believe the citation should be dismissed. This form must be completed within 21 days of date of citation. If the 21 days have elapsed, you give up your right to a citation review. Your citation will be reviewed by a Patrol Lieutenant who will make a determination to dismiss the ticket, issue a warning, or deny the appeal. You will be notified by mail whether your request has been granted or denied. If your request is denied, payment **must** be made, or you must request an Administrative Hearing with the Field Operations Captain. **THE FILING OF THE ADMINISTRATIVE HEARING REQUEST DOES NOT SUSPEND THE TIME PERIOD WITHIN WHICH YOU HAVE TO PAY THE CITATION FINE.**

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Citation Number: _____ Vehicle License Number: _____

Violations: (1) _____ (2) _____ (3) _____ (4) _____

Issuing Officer: _____ ID #: _____ Agency: Yolo County Sheriff's Office
 California Highway Patrol

Reason for Review: _____

(Continue on back if needed)

I DECLARE UNDER PENALTY THAT THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Reviewed by: _____ ID#: _____ Rank: _____

Finding: Dismiss Warning (with administrative processing fee) Deny Other (see comments)

Comments: _____

Signature _____ Date _____