



# Yolo County Sheriff's Office

140 Tony Diaz Drive, Woodland, CA 95776  
(530) 668-5280 Fax (530) 668-5238 (916) 375-6493

OFFICE USE ONLY

Received by:

Date:

Time:

Disposition Notification Date:

## Request For Parking Citation Review

### **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 or 14 calendar days from the mailing of a notice of delinquent parking violation. If the above listed 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