

## Parking Services Division 1033 C Street San Rafael, CA 94901

## REQUEST FOR INITIAL REVIEW

The initial review process is provided pursuant to AB408, effective July 1, 1993. It is the responsibility of the person requesting the review to comply with the procedures and time limits specified below. The purpose of this review is to determine if the alleged violation occurred.

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CITATION NO:	DATE ISSUED:
NAME:	LICENSE PLATE #:
MAILING ADDRESS:	
CITY, STATE, ZIP	
DAYTIME TELEPHONE:	EVENING TELEPHONE:
Reason for requesting an initial review. Please explain your reason for believing this citation was issued in error or why you are not responsible for the alleged violation. Please be as detailed as possible in your explanation. NOTICE: This initial review must be requested within 21 days of the issuance of the parking citation or 14 days from the mailing of the notice of delinquent parking violation or your option for review will expire.	
☐ Meter Jammed ☐ Out of Order ☐ Does Not Register ☐ Will Not Take ☐ ☐ Other (Please explain below)	Timer Off (Fast/Slow) Registers Improperly Coin EXPIRED Stays On Disabled Parking Permit
Signature:	Date: