



**INITIAL REVIEW TO CONTEST A PARKING CITATION**

This Request for Initial Review must be postmarked within 21 calendar days of the issuance of the citation or within 14 days of the mailing of the original Notice of Delinquent Parking Violation for the request to be acted upon.

In order for your request to be processed, the following information must be provided and will not be returned:

- Complete one Initial Review form for **each** citation.
- Write or print legibly. Use a ballpoint pen.
- Include a copy of the Original Citation or the Notice of Delinquent Parking Violation.
- If the citation was issued for lack of a required permit or hangtag; enclose a copy, and note the color of the permit or hangtag.
- A handicapped parking citation requires a copy of the placard **and** the DMV Disabled Person Placard Identification receipt **or** the vehicle's registration for a Disabled Person License plate.

**POLICE**       **CODE ENF/COMMTY PRES**       **CONV CTR/STADIUM**       **STREET SWEEPING**       **FIRE**

Citation #: \_\_\_\_\_ License Plate #: \_\_\_\_\_ Violation Code: \_\_\_\_\_

Date and Time Issued: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_ Number of Violations on this Citation (1, 2, or 3):

**The reason(s) I am contesting this parking citation is/are:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that the foregoing is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The City will conduct a review of your parking citation based upon the information you provide. Your citation will either be canceled or upheld. The results of the Initial Review will be mailed to you and will also be available online at [www.anaheimpay.net](http://www.anaheimpay.net) .

Mail to:  
**Adjudication Processing**  
**City of Anaheim**  
**PO Box 61039**  
**Anaheim, CA 92803-6139**

In Person:  
**Collections Department**  
**201 S. Anaheim Blvd.**  
**Anaheim CA 92805**

<b>CITY USE ONLY:</b>	
NOTES ON BACK: <input type="checkbox"/>	Violation 1 Amt Due: _____
DISP CODE: _____	Violation 2 Amt Due: _____
<input type="checkbox"/>	Violation 3 Amt Due: _____
	Total Amt Due: <input type="checkbox"/>
DATE: _____	BY: _____