

# MUNICIPAL SERVICES DEPARTMENT PARKING CONTROL DIVISION

14616 GREVILLEA AVENUE  
LAWNDALE, CA 90260  
PHONE (310) 973-3220

File No. \_\_\_\_\_  
(Office Use Only)

## STEP 1 PARKING CITATION CONTESTING FORM

PERSON (S) MAY REQUEST A STEP 1 REVIEW WITHIN (21) DAYS INCLUSIVE OF THE ISSUANCE DATE OF THE CITATION (CVC 407007). USE ONE (1) CONTESTING FORM PER CITATION. PLEASE PRINT CLEARLY IN INK.

VEHICLE # \_\_\_\_\_ VIOLATION \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ TICKET # \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_

STATEMENT OF FACTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF MORE SPACE IS REQUIRED, PLEASE USE THE OTHER SIDE OF THIS SHEET. IN ADDITION PLEASE INCLUDE COPIES OF ALL SUBSTANTIATING EVIDENCE TO SUPPORT REASON FOR CONTESTING PARKING CITATION, e.g. OFFICIAL REPORTS, RECEIPTS, DMV DOCUMENTATION, etc.

Signature \_\_\_\_\_

Date \_\_\_\_\_

THE PARKING CONTROL DIVISION WILL REVIEW YOUR CITATION. A DETERMINATION WILL BE BASED ON THE STATEMENT OF FACTS ALONG WITH SUPPORTING EVIDENCE. RESULTS OF STEP 1 REVIEW WILL BE MAILED TO ADDRESS PROVIDED ABOVE. COMPLETE AND MAIL THIS FORM TO:

STEP 1 REVIEW  
CITY OF LAWNDALE  
14717 BURIN AVENUE  
LAWNDALE, CA 90260  
OR

HAND DELIVER TO THE PARKING CONTROL DIVISION, HOURS: MON thru THURS 7:00 A.M. – 6:00 P.M. (Except Friday & Holidays)

### FOR OFFICE USE ONLY

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

LIABLE \_\_\_\_\_

NOT LIABLE \_\_\_\_\_

LIABLE TIME LIMIT EXCEEDED \_\_\_\_\_

STATEMENT(S)  
\_\_\_\_\_  
\_\_\_\_\_

