

MUNICIPAL SERVICES DEPARTMENT PARKING CONTROL DIVISION

14616 GREVILLEA AVENUE
LAWNDALE, CA 90260
PHONE (310) 973-3220
FAX (310) 970-2151

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 40207). 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.

FOR OFFICE USE ONLY

REVIEWED BY: _____ DATE: _____

LIABLE _____ NOT LIABLE _____ LIABLE TIME LIMIT EXCEEDED _____

STATEMENT(S)

