MUNICIPAL SERVICES DEPARTMENT
PARKING CONTROL DIVISION

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

FILE NO: _____

STEP 2 PARKING CITATION CONTESTING FORM

A STEP 2 HEARING MAY BE REQUESTED WITHIN 21 DAYS FROM THE DATE THAT THE NOTICE OF RESULTS FROM THE STEP 1 ADMINISTRATIVE REVIEW WAS MAILED. OTHERWISE, THE RESULTS OF THE STEP 1 BECOMES FINAL. ONE CONTESTING FORM MUST BE SUBMITTED PER CITATION. PLEASE TYPE OR PRINT CLEARLY IN INK. PLEASE NOTE, **A DEPOSIT OF THE AMOUNT OF THE FINE IS REQUIRED** OR THIS FORM IS NOT COMPLETE**.**

PLEASE CHECK ONE (1) ONLY:

_____ REQUEST FOR STEP 2 HEARING IN PERSON

_____ REQUEST FOR STEP 2 HEARING BY WRITTEN DECLARATION

VEHICLE #_____ VIOLATION _____ ISSUE DATE_____ TICKET #_____

NAME_____

ADDRESS _____

CITY/STATE_____ ZIP CODE_____

TELEPHONE (WORK)_____ (CELL)_____ (HOME)_____

WRITTEN DECLARATION**:** _____

_____

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IF MORE SPACE IS REQUIRED, PLEASE USE THE OTHER SIDE OF THIS SHEET. IN ADDITION, PLEASE INCLUDE COPIES OF ALL SUBSTANTIATING EVIDENCE TO SUPPORT YOUR REASON FOR CONTESTING THIS PARKING CITATION, e.g. OFFICIAL REPORTS, RECEIPTS, DMV DOCUMENTATION, etc., AND A COPY OF THE STEP 1 NOTICE OF RESULTS .

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM AND ALL ATTACHMENTS IS TRUE AND CORRECT.

SIGNATURE_____ DATE_____

YOU WILL BE SCHEDULED FOR THE NEXT AVAILABLE STEP 2 HEARING DATE AND TIME. A HEARING NOTIFICATION WILL BE MAILED TO THE ADDRESS PROVIDED ABOVE, WHETHER YOU ARE REQUESTING A HEARING IN PERSON OR BY WRITTEN DECLARATION. RESULTS OF THIS STEP 2 HEARING WILL ALSO BE MAILED TO THE ADDRESS PROVIDED ABOVE.

COMPLETE AND MAIL OR FAX THIS FORM, TO:
STEP 2 ADMINISTRATIVE HEARING
CITY OF LAWNDALE
14717 BURIN AVENUE
LAWNDALE, CA 90260

AND SEND THE AMOUNT OF THE CITATION FINE TO:
PROCESSING AND PAYMENT CENTER
P.O. BOX 57010
IRVINE, CA 92619-7010

IF YOU HAVE ANY QUESTIONS, CONTACT THE CITY'S PARKING CONTROL DIVISION, MON thru THURS 7:00 A.M. – 6:00 P.M. (Except Holidays)

IF YOU CANNOT AFFORD TO PAY THE REQUIRED DEPOSIT, YOU MAY NOT HAVE TO PAY THE DEPOSIT IF YOU QUALIFY FOR A DEPOSIT WAIVER. AN APPLICATION FOR THE WAIVER OF DEPOSIT FOR ADMINISTRATIVE HEARING FORM SHOULD BE PROVIDED TO YOU WITH THIS FORM. IF YOU HAVE NOT RECEIVED A COPY OF THE APPLICATION, PLEASE REQUEST A COPY.