PARKING CITATION ADMINISTRATIVE REVIEW REQUEST

CITATION NO.	CITATION DATE
	/ /
PLATE NO.	REQUEST DATE
	/ /

REQUESTOR/OWNER INFO

VEHICLE REGISTERED OWNER	REQUESTOR NAME
OWNER'S STREET ADDRESS	REQUESTOR PHONE(S) *(H = HOME / C = CELL / W = WORK)* ☐H ☐C ☐W ( ) ☐H ☐C ☐W ( )
CITY ST ZIP	REQUESTOR EMAIL @

REQUESTOR REASON

ADMINISTRATIVE REVIEW REQUESTED FOR FOLLOWING REASON(S)

- ☐ BROKEN PARKING METER
- ☐ FALLEN/MISPLACED PERMIT/PLACARD
- ☐ PARKING SIGN(S) WERE MISSING, ILLEGIBLE, INCORRECTLY WORDED OR DIFFICULT TO UNDERSTAND
- ☐ OWNER DECEASED *(ATTACH COPY OF DEATH CERTIFICATE)*
- ☐ VEHICLE DISABLED
- ☐ SIGN/OTHER PARKING PROHIBITION INSTALLED AFTER VEHICLE PARKED THERE
- ☐ LICENSE PLATES WERE STOLEN OR LOST AT TIME THE CITATION WAS ISSUED (POLICE REPORT OR DMV INFORMATION SUPPORTING CLAIM)
- ☐ VEHICLE WAS STOLEN OR OWNERSHIP TRANSFERRED AT TIME THE CITATION WAS ISSUED (ATTACH POLICE REPORT OR DMV INFORMATION SUPPORTING CLAIM)
- ☐ RESTRICTED PARKING PERMIT (TICKET ISSUED IN ERROR)
- ☐ MEDICAL EMERGENCY *COMPLETE SECTION BELOW*

DESCRIPTION / EXPLANATION OF MEDICAL EMERGENCY

Only forms that meet the criteria listed above will be accepted for an Administrative Review. Supporting documentation is <u>required</u>. Such as pictures, repair receipts or DMV information. Please attach.

BY MY SIGNATURE, I DECLARE THE INFORMATION SUBMITTED IN REGARD TO THIS REQUEST FOR ADMINISTRATIVE REVIEW OF PARKING CITATIONS IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE / /

INTERNAL USE ONLY

DATE RECEIVED	RECEIVED BY	DETERMINATION *(EVALUATION ATTACHED)*	INITIAL	DATE
/ /		☐ CITATION JUSTIFIED ☐ CITATION NOT JUSTIFIED ☐ DOES NOT QUALIFY FOR AN ADMINISTRATIVE REVIEW		/ /

REF. NO.

REVIEWER INITIALS / COMMENTS

DATE / /

11094 (3/09)
903006-1

900 E. Broad Street, Room 102 • Richmond, VA 23219 • 804.646.5700 • Fax 804.646.5641 • Parking.Administrative.Review@Richmondgov.com

SUBMIT COMPLETED REQUEST TO THE MAILING ADDRESS, FAX NUMBER, OR EMAIL ADDRESS SHOWN AT THE BOTTOM OF THIS FORM.

SUBMIT COMPLETED REQUEST TO THE MAILING ADDRESS, FAX NUMBER, OR EMAIL ADDRESS SHOWN ABOVE.