



PARKING CITATION CANCELLATION REQUEST

Arroyo Grande Police Department

Name

Address

City State Zip Code

Phone Number

email

Citation #

Date Citation Issued

Location When Cited

The request for the cancellation of this citation is for the following reason:

Prior Citations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	FOR AGPD USE ONLY		Notified of Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Date	<input type="text"/>	Disposition	<input type="text"/>	Date	<input type="text"/>	Notified	<input type="text"/>
Date	<input type="text"/>	Disposition	<input type="text"/>	Date	<input type="text"/>	Notified	<input type="text"/>
Date	<input type="text"/>	Disposition	<input type="text"/>	Date	<input type="text"/>	Notified	<input type="text"/>

Date Reviewed

Reviewd By

Reviewers Comments

Upheld Cancelled

ADMINISTRATIVE HEARING REQUEST

I hereby request an Administrative Hearing regarding the above referenced parking citation. The civil penalty of \$ is included which will be refunded if citation is canceled.

Signature Date

FOR AGPD USE ONLY

Hearing Date Hearing Time Upheld Cancelled

Hearing Officer