



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
Date <input type="text"/>	Disposition <input type="text"/>	Date <input type="text"/> Notfied <input type="text"/>
Date <input type="text"/>	Disposition <input type="text"/>	Date <input type="text"/> Notfied <input type="text"/>
Date <input type="text"/>	Disposition <input type="text"/>	Date <input type="text"/> Notfied <input type="text"/>
Date Reviewed <input type="text"/>		<input type="checkbox"/> Upheld <input type="checkbox"/> Cancelled
Reviewd By <input type="text"/>		
Reviewers Comments		

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 <input type="text"/>	Hearing Time <input type="text"/>	<input type="checkbox"/> Upheld	<input type="checkbox"/> Cancelled
Hearing Officer <input type="text"/>			