

CITY OF CAMARILLO
PARKING CITATION ADMINISTRATIVE REVIEW

Please be specific in explaining why you are requesting the citation be dismissed. If you do not agree with the findings of the Administrative Review, you may request an Administrative Hearing by depositing the amount of the parking fine with the City of Camarillo, Department of Finance, Cashier, 601 Carmen Drive, Camarillo, CA 93010, within 15 days of the date this notice was mailed.

PLEASE PRINT

Name: _____ Drivers License #: _____

Address: _____ Home Phone: () _____

City / State: _____ Zip: _____ Business Phone: () _____

Citation #: _____ Vehicle License #: _____ Amount: \$ _____

Date & Time Citation Issued: _____ Violation #: _____

Violation Location: _____

Statement of Facts: _____

(If more room is needed, please attach a separate sheet of paper)

Signature: _____ Date: _____

(Results of administrative review will be mailed to you)

(FOR OFFICE USE ONLY)

DETERMINATION: Respondent Liable* Respondent Not Liable, No Further Action Required
 Respondent Liable for \$18 Administrative Fee
 Respondent Liable for \$18 Administrative Fee – Paid in Full (See Receipt)

DATE MAILED: _____

*The facts above have been reviewed and the above referenced citation HAS NOT been recommended for Dismissal. If you wish to pursue this further, you must present this form and pay the amount of the parking fine to the City of Camarillo, Department of Finance at 601 Carmen Dr., Camarillo, CA 93010, within 15 days from the mailed date indicated above. For questions regarding this matter, please call (805) 388-5335.

Signature: _____ Date: _____

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WRITTEN STATEMENT OF INITIAL REVIEWER:

NO LEGAL REASON TO DISMISS

RECOMMEND DISMISSAL

\$18 ADMINISTRATIVE FEE WITH PROOF OF VALID PLACARD

ADMINISTRATIVE HEARING

HEARING OFFICER'S COMMENTS:

_____ LIABLE

_____ NOT LIABLE

Hearing Officer's Signature

DATE: _____

Hearing Officer's Printed Name