



JOHN McMAHON, SHERIFF-CORONER



San Bernardino County - Parking Administration INITIAL ADMINISTRATIVE REVIEW

An Initial Administrative Review may be requested in person, by phone, or in writing. Please be specific when explaining why you feel that dismissal of the citation is warranted.

PLEASE TYPE OR PRINT THE FOLLOWING: *(Review determination will be mailed to address provided below)*

Citation Number	Violation	Date and Time issued	
Vehicle License Number	Permit Number (If Applicable)	Violation Location	
Respondent's Name: Last First Middle		Home Phone	Work or Cell Phone
Address Street		City	State Zip Code

Statement of Facts:

- IF MORE ROOM IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER -

☐ CHECK HERE IF ADDITIONAL SHEET(S) ATTACHED

☐ Mailed In

☐ Phone In

☐ In Person

Signature: _____

Date: _____

- FOR OFFICIAL USE ONLY -

Reviewed By: <i>(Please Print or Type)</i>	Employee I.D. Number	Date
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☐ Citation Dismissed Code: _____ ☐ Citation Valid Code: _____

Comment:

☐ Determination Mailed

Date: _____

WARNING: If you wish to pursue this matter further, please see the attached instructions. Failure to respond in a timely manner may prevent you from contesting this citation further.

Signature: _____

Date: _____

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT

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