REQUEST FOR REVIEW OF ADMINISTRATIVE CITATION

For information on how to complete this form or the status of your review, contact the Citation Processing Center at (800)-969-6158 Mon to Fri - 8:00AM to 5:00PM EXCEPT HOLIDAYS IVR 24/7

Name of Citation Recipient: _____

Business Name (if applicable): _____

Street Address: _____

City, State, Zip Code: _____

Contact Phone Number: ( ) _____

( ) _____

Violation Address: _____

Violation Location: _____

Citation No. _____

Total Due _____

Due Date: _____

Issue Date: _____

Violation Date: _____

Dept/Division: SMPD - OPERATIONS

Enforcement Officer: _____

BASIS FOR REQUEST

I request an administrative review of the above citation for one of the two following reasons:

☐ I am not the responsible party for the violations described.
☐ There was no violation as charged.

METHOD OF REVIEW REQUESTED

I request a review of the above citation by the following means:

☐ Hearing: Testify and Present Evidence to Hearing Officer in Person
☐ Submission of Written Materials Only written materials attached: yes no

For review by submission of writing materials only, you have ten days to file any written materials after filing your Request for Review. File any such written materials with a copy of this completed review form with the citation processing center via mail at PO box 7275, Newport Beach, CA 92658 or at the City Clerk's Office, Room 102, City Hall, 1685 Main Street, Santa Monica CA 90401.

FINANCIAL ABILITY TO DEPOSIT

Before any review can be scheduled, you must pay an advance deposit amount equal to the fine amount unless the Director of Finance grants an advance deposit hardship waiver.

☐ I am financially able to deposit the amount of the fine and payment is attached.
☐ I am financially unable to deposit the amount of the fine and will file/have filed for a hardship waiver
(Advance hardship deposit waiver must be filed within 15 fifteen days of the issuance of the citation).

I hereby declare that the above information is true and correct to the best of my knowledge and belief.

_____	_____	____/____/____
Person Requesting Review (Print Name)	Signature	Date

You must file this completed request on the citation processing website: www.citationprocessingcenter.com or in the City Clerk's office within 30 days of the issue date of the administration citation. The City Clerk's office is located in Room 102, City Hall, 1685 Main Street, Santa Monica, CA 90401.

For City Staff Use Only

Request for Review filed within 30 days: _____

Deposit Hardship Waiver filed within 15 days: _____

Date Received in City Clerk's office: _____

Date Forwarded to Data Ticket: _____

Advance Hardship Waiver Granted: _____

Date of Waiver Decision: _____

Date Deposit Paid: _____