

File No. _____
(Office Use Only)

**CITY OF LAWNSDALE
MUNICIPAL SERVICES DEPARTMENT
PARKING CONTROL DIVISION**

Phone (310) 973-3220 Fax (310) 970-2151
Hours: Monday thru Thursday 7:00 A.M. – 6:00 P.M.

STEP 1 PARKING CITATION CONTESTING FORM

PERSON(S) MAY REQUEST A STEP 1 REVIEW WITHIN (21) DAYS INCLUSIVE OF THE ISSUANCE DATE OF THE CITATION (CVC 40215). USE ONE (1) CONTESTING FORM PER CITATION.

VEHICLE LICENSE # _____ VIOLATION _____

ISSUE DATE _____ TICKET # _____

NAME _____

ADDRESS _____ CITY/STATE _____ ZIP _____

CONTACT PHONE # _____ ALTERNATE PHONE # _____

STATEMENT OF FACTS:

USE THE OTHER SIDE OF THIS SHEET IF MORE SPACE IS REQUIRED. PLEASE INCLUDE COPIES OF ALL SUBSTANTIATING EVIDENCE TO SUPPORT YOUR REASON FOR CONTESTING THE PARKING CITATION, e.g. OFFICIAL REPORTS, RECEIPTS, DMV DOCUMENTATION, etc.

Signature _____ Date _____

THE PARKING CONTROL DIVISION WILL REVIEW YOUR CITATION. A DETERMINATION WILL BE BASED ON THE STATEMENT OF FACTS ALONG WITH SUPPORTING EVIDENCE. RESULTS OF STEP 1 REVIEW WILL BE MAILED TO THE REGISTERED OWNER OF VEHICLE. COMPLETE THIS FORM, PRINT IT OUT, SIGN IT, AND SUBMIT TO THE CITY:

By Mail to:
STEP 1 REVIEW
CITY OF LAWNSDALE
14717 BURIN AVENUE
LAWNSDALE, CA 90260

By Hand Delivery to:
THE PARKING CONTROL DIVISION
14616 GREVILLEA AVENUE
LAWNSDALE, CA 90260

By FAX:
(310) 970-2151

FOR OFFICE USE ONLY

REVIEWED BY: _____ DATE: _____

LIABLE _____ NOT LIABLE _____ LIABLE TIME LIMIT EXCEEDED _____

STATEMENT(S) _____
