CITY OF REDONDO BEACH
415 DIAMOND STREET
P.O. BOX 270
REDONDO BEACH CA 90277

REQUEST FOR ADMINISTRATIVE INVESTIGATION PARKING CITATION

NAME: _____ CITATION NUMBER: _____

ADDRESS: _____ DATE OF VIOLATION: _____

CITY: _____ LICENSE PLATE #: _____

PHONE NUMBER: (____) _____ EMAIL ADDRESS: _____

Pursuant to *California Vehicle Code Section 40200*.7 and *40215*, you have 21 days from the violation date, or 14 days from the mailing date of the delinquent notice of parking violation to submit a request for an administrative investigation. Please provide a written statement why you believe the parking violation notice was issued in error. Include any proof (i.e. receipts, pictures, etc.) to support your statement. Materials submitted for review will not be returned. Please print or type.

The results of the administrative investigation will be mailed to the address you provided above.

PLEASE ADDRESS THE ENVELOPE PROVIDED, TO YOURSELF, AND TURN IN WITH YOUR STATEMENT. DO NOT SEAL THE ENVELOPE.

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Signature: _____ Date: _____

FOR OFFICE USE ONLY

Investigator: _____ Date: _____

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