

PARKING VIOLATION ADMINISTRATIVE REVIEW FORM

**APPEALER:
FILL OUT TOP PORTION ONLY OF BOTH PAGES**

Date: _____

Name

Address

City State Zip

| | |
|--|--|
| License Plate # _____ Ticket # _____ Amount \$ _____ | License Plate # _____ Ticket # _____ Amount \$ _____ |
| License Plate # _____ Ticket # _____ Amount \$ _____ | License Plate # _____ Ticket # _____ Amount \$ _____ |

PARKING VIOLATION ADMINISTRATIVE REVIEW PROCEDURES:

A driver or owner of a vehicle issued a parking violation may request an administrative review of the parking violation by completing this form. Such request shall be completed within seven (7) calendar days from the date the parking violation was issued. Failure to request and complete such review within the 7 day period waives your opportunity for an administrative review. Such review is presented to a three (3) member panel with a determination based on the defenses or mitigating circumstances set forth on the review request. The panel may or may not recommend the City Attorney dismiss the violation. The parking violator shall be notified by United States Mail sent to his or her last known address as to the decision.

APPEALER: DO NOT WRITE BELOW THIS LINE. PLEASE COMPLETE NEXT PAGE

CITY USE ONLY:

The Administrative Review Board on _____ made the following decision on the parking violations you placed on appeal. This decision was based on information provided by you and the issuing officer.

| TICKET #1 | TICKET #2 | TICKET #3 | TICKET #4 |
|--|--|--|--|
| <input type="checkbox"/> RECOMMEND DISMISSAL |
| <input type="checkbox"/> NOT RECOMMEND |

Review Board Comments: _____

Authorized Signature
Administrative Review Board

ORIGINAL – Violations Bureau
Copy 1 – Appellant
Copy 2 – City Attorney

CITY OF LA VISTA
PARKING VIOLATION REVIEW

To the Driver or Owner Receiving a Parking Violation: If you feel that the violation received by you is unwarranted or there are mitigating circumstances, please state them below. This form will then be reviewed by the Administrative Review Board and a determination will be made whether or not to recommend the City Attorney dismiss the violation. **PLEASE COMPLETE WITHIN 7 CALENDAR DAYS FROM THE VIOLATION ISSUE DATE.**

CAUTION; ANY STATEMENTS MADE ON THIS FORM MAY CONSTITUTE AN ADMISSION ON YOUR PART.
NOTE: IF TICKETED FOR VIOLATING HANDICAPPED PARKING REGULATIONS AND YOU POSSESS A VALID PERMIT, PLEASE SUPPLY PERMIT # TO ALLOW VERIFICATION: _____

APPEALER'S STATEMENT OF DEFENSE: **If you need more space, please attach a separate page.**

SIGNATURE

DATE

DAY PHONE: _____ HOME PHONE: _____

**DO NOT WRITE BELOW THIS LINE. RETURN COMPLETED FORM BY MAIL OR IN PERSON TO:
VIOLATIONS BUREAU, CITY OF LA VISTA, 7701 S 96th ST, LA VISTA, NE 68128**

CITY USE ONLY:

COMMENTS: _____

SIGNATURE