

This form is interactive. You may type in requested information beginning on Page 2.

Please print or type all information requested on this form. If you do not provide all the information requested it may result in your request for review to be denied and the citation be found valid. Please print a copy for your records.

Respondent's Name	Please type or print clearly First and Last name.
Address	The determination of the Initial Review will be mailed to the address provided.
Citation Number	This is required. If you do not have your copy of the citation, call (866) 470-1306 and give them the vehicle license plate number.
Citation Date	This is required information.
Vehicle Lic Plate #	This is required information.
Permit Number	If you have a valid parking permit, write the number down. It will be verified.
Meter Ticket #	If you purchased a daily meter ticket, attach the ticket or a copy of the ticket to this form. This is your proof of having a valid parking permit. If you have several meter tickets that were displayed and are not sure which is the correct one, attach all the tickets. It will be verified it is a valid number for the day you received the citation.
Statement of Facts	Clearly explain why you believe the citation was issued in error. Include relevant information you believe supports your claim, copies of any supporting documents, statements and photographs. This information is all the reviewer has to go by when making a determination regarding the citation. <i>If you receive a 'Notice of Illegal Parking' and are contesting the citation, be sure to include that you received this notice in this statement.</i>
Signature/Date	Sign and date this form. No signature or date may result your review to be denied.

Mail this form to:

Parking Enforcement Center
P O Box 6010
Inglewood CA 90312-6010

Remember you have 21 days from the date of the citation to contest a citation or 14 days from the date of the Notice of Illegal Parking. Postmarks are accepted.

You must mail this form to the address above. The process can take 4-6 weeks to complete. After the review of this Initial Review form, you will get a response by mail to the address provided on this form with the decision.

During this process, the registered owner of the vehicle that received the citation will receive a "Notice of Illegal Parking" with a payment due at the bottom of the notice. You do not have to respond to this notice until you receive a response to the initial review. It is your responsibility to ensure that you receive a response regarding the initial review.

Amnesty Program	Amnesty is eligible for violations #1, 2, or 3 only and you must have a valid parking permit or daily meter ticket at the time of the citation. If you are eligible for amnesty only one citation may be dismissed under the Amnesty Program. You may contest as many citations as you want but may receive amnesty only one time during the current fiscal year (July 1 – June 30). <i>You must include you are requesting amnesty in your statement of facts.</i>
Handicap Placard or Plates	If you have a handicap placard or plates <i>attach a copy of your DMV printout</i> showing proof of ownership for your placard or plates. If you do not provide proof of ownership it will delay the process. A copy of the placard will NOT be considered in lieu of the DMV printout. While parking on campus grounds, you must have a valid parking permit or daily meter ticket along with your placard or plates (CA Ed Code Section 67301).
Notice of Illegal Parking	The registered owner of the cited vehicle will receive a 'Notice of Illegal Parking' when the citation is processed. This is a courtesy notice to inform the registered owner there is a citation against the vehicle. If after receiving this notice and you contest the citation, be sure to state in the Statement of Facts section that you received this notice.
Payment of Citation	<i>If you wish to pay the citation you can pay by credit card: Call (866) 470-1306 or online: www.icmspay.com</i> <i>Send personal check, money order or cashier's check payable to Solano College AND a copy of the citation to the following address. Be sure to write the citation number on the check.</i> Solano Community College Parking Enforcement Center P O Box 6010 Inglewood CA 90312-6010

If you have any questions you can call Solano Community College Police Department (707) 864-7131 or stop by the office Bldg 1800B or call Parking Enforcement (866) 470-1306.

PARKING CITATION INITIAL REVIEW

PLEASE TYPE OR PRINT THE FOLLOWING:

	Issuing Agency	<u>Solano Community College</u>
Respondent's Name _____	Citation Number _____	Violation Number(s) _____
Address _____	Date of Citation _____	
City, State, & Zip _____	Vehicle Lic Plate _____	
Phone Number _____	Permit # _____	

When contesting a parking citation, clearly explain why you believe the citation was issued in error, include relevant information you believe supports your claim. Include copies of any supporting documents, witness statements and photographs. Please note that any documents submitted will not be returned to you nor will copies be provided for you. If more space is needed please use a separate sheet and attach to this form.

Statement of Facts:

Signature _____ Date _____

THIS FORM MUST BE SUBMITTED WITHIN 21 DAYS OF THE DATE OF THE CITATION BEING ISSUED OR WITHIN 14 DAYS AFTER THE NOTICE OF ILLEGAL PARKING WAS MAILED! Review determination will be mailed to address provided.

FOR OFFICIAL USE ONLY

Reviewed by _____	ID No. _____	Date _____
<input type="checkbox"/> Citation Dismissed	Violation # _____	
<input type="checkbox"/> Citation Dismissed – <i>Amnesty Granted</i>	Violation # _____	
<input type="checkbox"/> Citation Valid	Violation # _____	
Comments _____		

NOTICE: If you are dissatisfied with the results of the *INITIAL REVIEW*, you may request an *ADMINISTRATIVE HEARING NO LATER THAN 21 DAYS* following the date of the response to the initial administrative review. *Failure to respond within the 21 days will result in an INCREASE IN BAIL and the loss of your RIGHT to further dispute the citation.*

Determination Mailed Date _____

For more information, please read the back of this form.