

**SANTA ANA SCHOOL POLICE DEPARTMENT  
REQUEST FOR PARKING CITATION DISMISSAL**

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Citation #: **S** \_\_\_\_\_ **P** Date Issued: \_\_\_\_\_ Vehicle License: \_\_\_\_\_

Make: \_\_\_\_\_ Color: \_\_\_\_\_ Location of violation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*PLEASE EXPLAIN YOUR REASON FOR REQUESTING A DISMISSAL:**

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(\*You may attach a separate sheet if needed)

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**STAFF REVIEW**

☐ Your request for dismissal has been approved!

Date dismissed: \_\_\_\_\_ By: \_\_\_\_\_

☐ Your request has been denied. As such, you are obligated to pay the fine. Failure to pay may result in additional late charges and the withholding of your vehicle registration. Forward your original citation along with your payment to: **Parking Citation Service Center, P.O. Box 11923, Santa Ana, CA 92711-1923.**

REVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_ NOTES: \_\_\_\_\_

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**VIOLATOR APPEAL**

☐ I wish to appeal the findings of the Staff Review. I have included a check or money order in the amount of the penalty. You may appear in person or submit a written declaration. Your appeal will be handled by an examiner not affiliated with your original review. Your request for an appeal must be filed within 21 days of \_\_\_\_\_. You will be notified in writing of the results of your appeal.

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Appeal form received on: \_\_\_\_\_

Appeal Review Date: \_\_\_\_\_

FINAL DISPOSITION: ☐ UPHeld ☐ DISMISSED Reviewer: \_\_\_\_\_

Final disposition letter mailed to violator on: \_\_\_\_\_. Initials: \_\_\_\_\_