

CITY OF ROSEMEAD  
REQUEST FOR HEARING OF PARKING VIOLATION

This request must be made within 21 days of the mailing of the results of an Administrative Review conducted by the City.

DATE: \_\_\_\_\_ PARKING PENALTY: \$ \_\_\_\_\_ CITATION: \_\_\_\_\_  
You are required to deposit the parking penalty at the time you submit your request.

NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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**NOTICE OF DATE AND TIME OF HEARING**

Date of Hearing: \_\_\_\_\_ Time: \_\_\_\_\_

Hearings are held at the City of Rosemead Public Safety Center, 8301 E. Garvey Avenue, Rosemead, CA 91770  
Phone Number (626) 569-2292

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**YOU MAY BRING WITH YOU TO THE HEARING THE FOLLOWING:**

1. Your copy of the Administrative Review.
2. Any evidence or documents you feel will support your case.
3. Relevant witnesses.
4. Interpreter, legal representative, etc.

\*\*\* IF THIS IS A HEARING BY WRITTEN DECLARATION, ATTACH YOUR SIGNED STATEMENT AND ALL SUPPORTING DOCUMENTS. NO HEARING WITH PERSONAL APPEARANCE WILL BE SCHEDULED.

**FOR CITY USE ONLY**

Beginning Time: \_\_\_\_\_ Tape Setting: \_\_\_\_\_ Ending Time: \_\_\_\_\_ Tape Setting: \_\_\_\_\_

The above listed Parking Violation was  Upheld (or)  Dismissed.

Reason for ruling by Hearing Officer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Hearing Officer

Date: \_\_\_\_\_

You may appeal this decision within 30 days by filing a notice of appeal with the Court and paying a \$25 filing fee at the Cashiers Office. (CVC 40230)