



City of Mountain View Police Department
ADMINISTRATIVE CITATION
Request for Appeal

Case No.: _____ Date of Citation: _____

Name (Appellant): _____

Mailing Address: _____

Telephone Number: _____ E-Mail: _____

ALL APPEALS MUST BE FILED WITHIN THIRTY (30) DAYS FROM THE DATE THE CITATION WAS ISSUED. PLEASE SUPPLY ANY DOCUMENTS TO SUPPORT YOUR CLAIM, SUCH AS PHOTOS, DIAGRAMS, AND STATEMENTS OF WITNESSES. ALL PENALTY AMOUNTS MUST ACCOMPANY THIS APPEAL.

Amount Enclosed: \$_____

Any penalty that has been deposited shall be refunded if it is determined that the person or entity charged with the violation was not responsible for the violation or that there was no violation as charged in the citation. If you are financially unable to deposit the full amount of the penalty, you may be eligible for a hardship waiver. To request a hardship waiver, submit a Request for Advance Deposit Hardship Waiver form to the address listed below.

REASON(S) FOR APPEAL: _____

I declare, under penalty of perjury, that the foregoing statement and information provided by me is correct.

Signature (Appellant) _____ Date _____

Appellant will be notified of the findings within thirty (30) days by first-class mail. Please mail or deliver appeal request, supporting documentation and payment or hardship waiver form to:

City of Mountain View Police Administration
1000 Villa Street
Mountain View, CA 94041
ATTN: Administrative Citations

FOR OFFICIAL USE ONLY

Date Appeal Received: _____ Received by: _____

Received via: [] Mail [] Personal Delivery [] Other _____

FORWARD ALL DOCUMENTATION TO: POLICE DEPARTMENT