

**CITY OF ALBANY  
PARKING CITATION REVIEW FORM  
510-423-7275**

**1<sup>st</sup> Level Appeal  
Individual Appealing**

REQUEST FOR AGENCY REVIEW

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

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

Citation #: \_\_\_\_\_ Vehicle License No: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Citation Amount: \$ \_\_\_\_\_

Reason for Review (see attached materials): \_\_\_\_\_

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

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**Police Only**

TO: \_\_\_\_\_

ATTN: \_\_\_\_\_

BY: \_\_\_\_\_

Review Results: \_\_\_\_\_ Cancel Citation – Reason for Cancellation: \_\_\_\_\_

\_\_\_\_\_ Review has determined citation is valid. Declaration of validity: \_\_\_\_\_

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**2<sup>nd</sup> Level Appeal**

If the citation was upheld at the first-level review, you may request a second-level hearing within 15 days of the date of this notice: \_\_\_\_\_ . To request a second-level hearing, you must return this form along with a cashier's check or money order equal to the amount of the fine. If the hearing officer finds your testimony invalid, the deposit is posted and the citation is cleared. If you are found not guilty of the violation, the deposit will be refunded.

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I am requesting a second-level review of the above citation. I have enclosed the required deposit. I would like my hearing to be:

\_\_\_\_\_ By mail. Attached is my written declaration (statement).

\_\_\_\_\_ In person. You will notify me of the date/time and location.

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

**Please Note: MAKE CASHIER'S CHECK OR MONEY ORDER PAYABLE TO: City of Albany  
c/o Citation Processing Center  
P.O. Box 22814  
Denver, CO 80222-2814**