CITY OF ORLAND
PARKING PROGRAM

REQUEST FOR ADMINISTRATIVE REVIEW

IMPORTANT - READ

IF YOU WISH YOUR PARKING CITATION TO BE REVIEWED BY THE ADMINISTRATIVE REVIEW OFFICER, YOU MUST COMPLETE THE ENTIRE FORM AND FILE IT WITH THE ORLAND POLICED DEPARTMENT BEFORE THE END OF THE TIME LIMIT (EITHER 21 DAYS FROM ISSUANCE OR 10 DAYS FROM MAILING OF DELINQUENT NOTICE).

CITATION NUMBER	
DATE ISSUED	
ISSUING OFFICER	

REGISTERED OWNER OF RECORD		
ADDRESS ON FILE		
CITY	STATE	ZIP CODE

PLEASE DESCRIBE IN DETAIL THE REASON YOU FEEL YOUR PARKING CITATION SHOULD BE REVIEWED.

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USE ADDITIONAL SHEETS IF NECESSARY

_____ _____

SIGNATURE ADDRESS

_____ _____

FULL NAME CITY STATE ZIP CODE

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