Union City Police Department
Traffic Section

Standing / Parking Citation Review

PLEASE PRINT CLEARLY

UCP ____________
Union City Citation Number

____
Date Citation Was Issued

____
Violations r List Number and Code (CVC or UCMC)

____
Registered Owner of Vehicle

____
Address r Number and Street

____
Address r City, State, and Zip Code

____
Your Phone Number

____
Today's Date

You have indicated you wish to contest the citation identified above. In the space provided, list your reasons for contesting this citation. If necessary, continue your explanation on an additional sheet of paper and attach it to this form. This form must be mailed, faxed, or delivered to…

Union City Police Department
Traffic Section
34009 Alvarado-Niles Rd
Union City, Ca 94587
Fax (510) 471-5974

Not Later Than

____

<u>The decision of this review will be listed at the bottom of this form and will be mailed to you.</u>

If you desire to appeal the initial review decision, you will need to request an *Administrative Review* form from the Union City Police Department and mail it to the processing agency listed, <u>along</u> with the noted fees due, by the due date listed below. If you are appealing the *Initial Review* decision, you must still pay the *Fees Due* amount in order to avoid a penalty. If you are unable to pay the *Fees Due* based on financial hardship, you must also complete *a Request For Waiver Of Parking Penalty* form and return it before the listed due date. Proof of your inability to pay the fees will be required. Your request for and administrative review must be returned to the listed processing agency within fifteen (15) days of the date of this notice.

Our Citation Processing Agency is…

City of Union City
C/O Parking Citation Service Center
P.O. Box 958
Torrance, Ca 90508-0958

Reason Review is Requested

☐ **Additional pages attached**

FOR POLICE USE ONLY

____
Date Review Decision Mailed

☐ UPHELD

☐ DISMISSED

$____________
Fees Due

____
Date Fees Due