

CITY OF OAKLAND



PARKING CITATION ASSISTANCE CENTER - 250 FRANK H. OGAWA PLAZA, SUITE 6300
OAKLAND, CA 94612

TEL (800) 500-6484
FAX (510) 986-2699
TDD (510) 238-3254

ADMINISTRATIVE REVIEW REQUEST FORM

Name: _____

Today's Date: _____

Address: _____

Ticket #(s): _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Ticket Issue Date: _____

Email Address: _____

License Plate #: _____

State Reason(s) for Administrative Review:

Are you the Registered Owner? Yes _____ No _____

Signature: _____ Date: _____

You may also contest your ticket(s) online at www.oaklandnet.com/parking

FOR OFFICE USE ONLY

Reviewed By: _____

Liabe: _____ Dismissed: _____

Additional Notes: _____
