



# PARKING CITATION APPEAL

**INSTRUCTIONS:**

Complete the form below. Mail or bring in person, **within 21 days of citation issue date** to:  
Parking Authority, City of Stockton, 400 East Main Street, 4<sup>th</sup> Floor, Stockton, CA 95202.  
Mailed form postmarked within 21 days of the citation issue date will be accepted.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Issuing Agency:  Stockton Police Department  Parking Authority

Date Cited: \_\_\_\_\_ Citation No.: \_\_\_\_\_

Violation Code: \_\_\_\_\_ Vehicle License: \_\_\_\_\_

**EXPLANATION:**

(Please provide why you should not be held liable for this citation. You may attach supporting evidence.)

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I certify that the above statement is true and correct. \_\_\_\_\_

(Signature)

Office use only. Received by: _____ Date received: _____  Status: _____
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