

CITY OF OAKLAND



PARKING CITATION ASSISTANCE CENTER - 270 FRANK H. OGAWA PLAZA  
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 <https://www.oaklandca.gov/services/contest-a-parking-ticket>**

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**FOR OFFICE USE ONLY**

Reviewed By: \_\_\_\_\_

Liabe: \_\_\_\_\_ Dismissed: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

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