

CITY OF LAKEWOOD PARKING CONTROL ADMINISTRATIVE REVIEW

Current Date: _____

Phone Number: _____

Name: _____

Citation number: _____

Address: _____

Vehicle License Number: _____

City, State, Zip Code: _____

Violation: _____

Circumstances for Review:

RETURN FORM TO:

City of Lakewood

P.O. Box 220

Lakewood, California 90714

Email: parking@lakewoodcity.org