CITY OF LAKEPORT
POLICE DEPARTMENT

BRAD RASMUSSEN, CHIEF OF POLICE

916 NORTH FORBES STREET
LAKEPORT, CALIFORNIA
95453

TELEPHONE 707 263-5491
FAX 707 263-3846
E-MAIL info@lakeportpolice.org

Administrative Review Request Form

In the space provided below please state your reason for disputing this parking citation. The review decision results will be mailed to you within five (5) working days from receipt of request.
If you are not satisfied with the review findings you may request an administrative hearing. Please contact the Lakeport Police Department by phone or mail. This must be done no later than fifteen (15) days after the receipt of review. However, the reason for protest must be other than the reason(s) stated below.

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Name Of Party Requesting Review:_____

Address:_____ **Phone #:**_____

Citation #: P _____ **Date Issued:** _____

Vehicle License Plate #: _____ **State:** _____