

IVC PARKING CITATION APPEAL FORM Application

Please complete all areas in ink.

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS ON THE REVERSE SIDE AND BELIEVE THAT MY SITUATION MEETS THE REQUIREMENTS FOR REVIEW.

NAME:				DATE:	
Last			MI		
Address			IVC ID #	or SSN#	
City / State / ZIP Citation Number # Vehicle License Plate			Phone Number		
			Date of Citation Vehicle Year, Make, Model		
					Please check one:
Reason for contesting the	he citation:				
Return completed for	orm to the Par	·king Conti	rol Office (Building	517) or 380 E. Aten Road. Im	

Return completed form to the Parking Control Office (Building 517) or 380 E. Aten Road, Imperial, CA 92251.

I declare under penalty of perjury that the facts are true and correct.

Signature: _____

Date: _____

CE USE ONLY **
Reviewed By:
n is dismissed. easons:
ו