NUMBER: I-29 APPROVED:__

Gregory D. King, Chief of Police

EFFECTIVE: May 1, 2007

SUPERSEDES: 1/29/04 Reviewed/Revised: May 1, 2010

SUBJECT: Parking Appeal Process Guidelines

I. PURPOSE:

- A. To prescribe parking appeal processing guidelines.
- B. To promote consistency and objectivity in parking appeal processing.
- C. To recognize that the various aspects of parking appeals are vital to the accomplishment of parking enforcement and revenue collection goals, and are of equal importance.

II. POLICY:

It shall be the policy of this department to provide an efficient and fair appeal process related to parking citations.

III. DEFINITIONS (Appeal Process):

- A. First Step: Administrative Appeal Form completed and submitted.
- B. Second Step: Response to Administrative Appeal within 10 days.
- C. <u>Third Step</u>: Request for hearing must include payment within 21 days of citation.
- D. Fourth Step: Written response to hearing within 21 business days.

IV. PROCEDURES:

A. The purpose of parking enforcement is to ensure the University community conforms to parking appeal laws and regulations. This purpose is accomplished through a program of public information, verbal or written distributed guidelines, with both methods considered to have equal importance.

- B. This order is for internal department use only and is not designed or intended to be released to the public. The written order shall not be released outside of the agency without the authority of the Chief of Police.
- C. General policy statements.
 - 1. Initial administrative appeal forms must be filled out legibly and completely. Illegible or incomplete administrative appeal forms will not be processed.
 - 2. An administrative appeal form may be requested either in person or by telephone and returned to the Parking Administrator, in person or by mail.
 - 3. Staff accepting administrative appeals in person shall refrain from commenting as to the veracity of the parking citation.
 - 4. Administrative appeals will be processed within 10 business days from receipt. Notification of decision will be mailed to the address indicated on the form.
 - 5. Those individuals who receive a denial letter will receive instructions how to proceed to an Administrative Hearing to further appeal their citation, should they wish to do so.
 - 6. Once a month, those requesting an Administrative Hearing will be mailed a notice of hearing.
 - 7. After the hearing a decision will be mailed to the appellants who were heard. Failure to Appears will not be given notice. Those appeals that were upheld as valid will be given notice of where to appeal at the Los Angeles County Municipal Court.
- V. APPENDICES: Administrative Appeal Form.



Parking Citation Appeal Form

This is a request for a parking citation review only. Submittal of this request does not mean your parking ticket will automatically be dismissed. This appeal form will be carefully reviewed and a decision will be mailed to the name and address listed below within ten (10) business days. Please be advised of the following:

- You have twenty-one (21) days from the original citation date to complete this appeal form
- You are responsible to pay for the citation within 21-days of citation date (unless citation appeal was granted or citation was dismissed) or risk paying delinquent fees
- Citations will not be dismissed for lost or forgotten permits, improperly displayed permits (whether or not you own one), lack of knowledge of laws and regulations, and/or failure to see posted signs
- Untimely, incomplete or incorrectly filled appeal forms will not be considered
- In event the citation is upheld you will receive full instructions for further appeal
- Complete one appeal form per citation

Please print clearly and legibly in ink. Failure to provide such information will delay or prevent the completion of the citation appeal process. The requested information will be used for the sole purpose of processing the contested parking citation.

Parking Citation # Date of Citat		ation	on Vehicle License #		
First Name	Last Name		Phone #		
Address	Cit	y & State		Zip Code	
Check One: Student	Faculty S	taff Visitor _	Other		
Please state the facts surroreasons for believing this p					
I certify that all of the information given is true and accurate. Signature				Date	
*******	FOR PARKING SE	ERVICES PERSONNEL	- ONLY	*******	
Date Received	INI	Decision:	Upheld Dis	missed	
Reviewed By	Date	Reason			
White – Parking Service	s Yellow – Mai	led w/ Response	Pink -	Customer	