



**WEST MELBOURNE POLICE DEPARTMENT  
REQUEST FOR AN ADMINISTRATIVE REVIEW  
MUNICIPAL PARKING CITATION**

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**NOTE: The request must be within ten (10) days after the issuance of the citation.**

In reference to West Melbourne City Ordinance Section 54-57(s)(2) or 54-57(d), I do hereby request an **ADMINISTRATIVE REVIEW** of **Municipal Parking Citation** as follows:

- Citation Number: \_\_\_\_\_
- Date Issued: \_\_\_\_\_
- Name: \_\_\_\_\_
- Street Address: \_\_\_\_\_
- City: \_\_\_\_\_
- State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Home Phone Number: \_\_\_\_\_
- Work Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please state the reasons for contesting the citation:

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If you have any documentation that you believe will support your case, please attach it to this request for review. **PLEASE NOTE:** All documentation received with this request will become part of the public records of the City and will not be returned.