

**LOS ANGELES COUNTY DEPARTMENT OF BEACHES AND HARBORS
PARKING ENFORCEMENT DETAIL**

INITIAL REVIEW

Date Received: _____

INFORMATION RECEIVED BY: TELEPHONE / MAIL / COUNTER

PLEASE PRINT

Respondent's Name: _____ Vehicle License Number: _____

Address: _____ Citation Number: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Statement of Facts: _____

(If more space is needed please continue on the back of this form.)

Signature: _____ Date: _____

(Results of initial review will be mailed to you.)

_____ (FOR OFFICE USE ONLY) _____

Reviewed by: _____

Please Print

DETERMINATION: **Liable*** **Not Liable**

[] Registration/Equipment Violation – Proof of Correction. Penalty reduced to \$10 per section 40225 (c) CVC.

*Within 21 days, mail payment to: Los Angeles County Parking Services,
P.O. Box 30629, Los Angeles, CA 90030-0629.

REMARKS: _____

SIGNATURE

DATE