City of Hawthorne
Request for Administrative Review

Name _____ **Citation #** _____

Address _____ **Citation Date** _____

_____

Telephone (__ __ __) __ __ __ - __ __ __ __ ❒ **mobile** ❒ **home**

Work (__ __ __) __ __ __ - __ __ __ __ **ext.** __ __ __ __ __ __ __

Please explain the reason why you feel that the citation is not valid and should not have been issued to you. (Attach any documentation and/or pictures to support your claim.)

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Please submit THIS written application for Administrative Review, with payment, to the Cashier's Office, located at 4455 W. 126th Street, Hawthorne, CA 90250

All items attached (must submit copy of citation) with this application will be considered property of the City of Hawthorne and will not be returned. You will be notified within 10 working days from the receipt of this application.

Date Received: _____ **Date Notified:** _____