



City of Oakdale POLICE DEPARTMENT

250 N. 3RD Avenue • Oakdale, CA 95361
(209)847-2231 • Fax (209)847-3790



REQUEST FOR FORMAL REVIEW OF ADMINISTRATIVE CITATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

ADMINISTRATIVE CITATION #: _____ DATE ISSUED: _____

STATEMENT: (WHY YOU BELIEVE THE CITATION SHOULD BE DISMISSED)

(IF MORE SPACE IS NEEDED, CONTINUE ON SEPARATE PIECE OF PAPER)

I HEREBY STATE THAT THIS STATEMENT IS TRUE AND CORRECT

SIGNATURE

DATE

***DO NOT WRITE BELOW
FOR OFFICAL USE ONLY***

AGENCY REVIEW RESULTS

() ADMINISTRATIVE CITATION DISMISSED DATE: _____

() ADMINISTRATIVE CITATION DETERMINED TO BE VALID. the fine must be paid. Failure to pay or appeal within 15 days will result in late penalties.

REASON: _____

Authorized Signature: _____