IVC Parking Control Waiver

380 E. Aten Road, Imperial, California 92251
(760) 355-6308 or (760) 355-6306, FAX (760) 355-6309

NAME: _____ DATE: _____
Last First MI

_____ _____ _____ _____ _____
Citation Number # Date of Citation Vehicle License Plate # State Email address

_____ (_____)_____ **Check one**: Student ☐ Staff ☐ Guest/Visitor ☐
IVC ID # or SSN# Phone Number Other ☐ _____

Address: _____ _____ _____ _____
Number Street City State Zip Code

Reason for contesting citation: _____

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Any decision made by the Parking Citation Review Examiner will be mailed to you within 7-9 business days to the address indicated on this form. You are responsible for contacting the Parking Control Office if you do not hear a response within 14 days.

Under penalty of perjury, the foregoing reflects to the best of my knowledge, a true, accurate and correct statement of facts regarding my citation and an explanation as to why I feel this citation should be dismissed.

Signature: _____ Date: _____

****FOR OFFICE USE ONLY****

Decision Date: _____ **Reviewed By:** _____ ☐ **Accepted** ☐ **Denied**