

**CITY OF ONTARIO  
COMMUNITY IMPROVEMENT DEPARTMENT  
Initial Review Request**

If you feel the citation is unjust, an initial review of the citation may be requested in person, by telephone, or in writing. To initiate the process, complete this form and return it to the Community Improvement Department, 208 W. Emporia St., Ontario, CA 91762. **The completed Initial Review Request form must be received within 21 days of the citation's issue date to be considered.** Please be specific in explaining why you feel dismissal of the citation is warranted.

**PLEASE PRINT OR TYPE THE FOLLOWING:**

(Review determination will be mailed to the address provided below)

Respondent's Name: \_\_\_\_\_

Citation No.: \_\_\_\_\_

Address: \_\_\_\_\_

Violation: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Date & Time Citation Issued: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_

Location of Violation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

State why you believe the ticket is invalid:

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(If more room is required, please attach a separate sheet)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ By:  Community Improvement  Phoenix Group

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE PRINT

**DETERMINATION:**  Citation Dismissed Code: \_\_\_\_\_  Citation Valid Code: \_\_\_\_\_

Mailed: \_\_\_\_\_ DATE

Comments: \_\_\_\_\_  
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**NOTICE:** The determination of your Initial Review is reflected above. If you do not agree with this finding and wish to pursue this matter further, you may request an Administrative Hearing. To request an Administrative Hearing, notify the Community Improvement Department in writing at the address listed above **within 21 days of the "Mailed" date listed above.** Failure to respond within that time will prevent you from contesting this citation any further. Per State law, the citation fine and penalties, if any, must be paid prior to the scheduling of the Administrative Hearing. If the determination is made in your favor, you will receive full reimbursement of monies paid.

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