



**CITY OF ALEXANDRIA, VA  
PARKING CITATION  
ADJUDICATION BY MAIL REQUEST FORM**

A parking citation may only be contested by the vehicle owner within 10 days of the citation's issue date. The Parking Adjudicator will mail the hearing results within 7-14 days of receipt of this form. **Incomplete or illegible forms will not be considered.**

Vehicle Owner's Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**You must attach a copy of your driver's license.**

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

VIN: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Citation Number: \_\_\_\_\_ Date Issued: \_\_\_/\_\_\_/20\_\_\_

Issued At Location: \_\_\_\_\_ Time Issued: \_\_\_\_\_

Violation Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fine Amount: \$\_\_\_\_\_

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

Briefly explain below the relevant facts supporting your request for review and dismissal of the citation. **You must attach to this form a copy of your citation and any evidence, receipts, photographs or information necessary to support your position and meet your burden of proof. Please fill out a separate form for each citation being contested.**

**Please read and initial each of the following statements. By signing this form below, you certify that you agree to ALL of the following statements:**

- I understand that only the registered owner of the vehicle receiving this citation may contest the violation and confirm that I am the registered owner of the vehicle issued this citation.
- I understand and agree that if the violation is upheld, a \$10 adjudication fee will be added to the fine. No fee is charged on dismissed citations. Registered owners not agreeing with the adjudicator's decision can appeal to the Alexandria General District Court.
- Under penalty of perjury, I declare that the information being submitted is true to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/20\_\_\_

**MAIL COMPLETED FORM TO:**

**CITY OF ALEXANDRIA  
CITATION PROCESSING CENTER  
PO BOX 1423, ALEXANDRIA, VA 22313**

For additional information about this citation or alternative adjudication options, please call 703.746.3360 or visit the City's website at [alexandriava.gov/Parking](http://alexandriava.gov/Parking).