



Initials _____	For Office use only.
<b>Liable</b> _____	
Not Liable _____	
Date Received _____	Initials _____

SHERIFF'S OFFICE  
**COUNTY OF HUMBOLDT**

826 FOURTH STREET  
EUREKA, CALIFORNIA 95501-0516      PHONE (707) 445-7251

REQUEST FOR ADMINISTRATIVE HEARING  
BY  
WRITTEN DECLARATION

Name \_\_\_\_\_      Parking Citation # \_\_\_\_\_  
 Street Address \_\_\_\_\_      Violation Date \_\_\_\_\_  
 City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_  
 Telephone Number where can be reached \_\_\_\_\_

I hereby contest the above parking citation. I am ( SELECT YOUR CHOICE )

- 1. Not liable for the violation(s) on this citation. (Please explain in the space provided below.)
- 2. Liable for the violation(s) on this citation but have an explanation. Consider the following as my testimony in this matter. (Please explain in the space provided below.)

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Use additional pages if necessary

I declare under penalty of perjury that the information in this Declaration is true and accurate. This information is confidential and privileged and shall not be admissible in any other court proceedings EXCEPT the prosecution of an alleged offense of perjury based on false material contained in this document.

Executed    Date: \_\_\_\_\_      Sign: \_\_\_\_\_