

## **REQUEST FOR INITIAL INVESTIGATIVE REVIEW**

Date:				lease be
PLEASE TYPE OR PRINT THE FO	LLOWING:			
Citation number	Vi	olation		
Date & time citation issued				
Vehicle license number	Permit No. if applicable			
Violation location				
Respondent's Name				
AddressStreet				
Street	Cit	ty	State	Zip
Home phone ( )	Work phone ( )			
Statement of Facts:				
If more roon	n is needed ple	ase attach a separ	ate sheet of pape	 er
Form completed by: (check one)	Mail	Phone	Person	
Signature		Date		
RE	TURN TO IS	SUING AGEN	CY	
	FOR OFFIC	E USE ONLY		
Reviewed by:	y: I.D.		Date:	
Citation D Citation V				
Comments:				
Determina	tion Mailed [	Date:		
WARNING: If you wish to pursue the respond in a timely manner				