LOS ANGELES COUNTY DEPARTMENT OF BEACHES AND HARBORS PARKING ENFORCEMENT DETAIL

INITIAL REVIEW

Date Received:

Please complete the form and Mail to: Los Angeles County Department of Beaches and Harbors P.O. Box 30629 Los Angeles, Ca 90030

PLEASE PRINT Respondent's Name: Address: City:	State:	Vehicle License Number: Citation Number: State: Zip: Business Phone: ()	
Home Phone: ()	B	usiness Phone: (_)
Statement of Facts:	_		_
(If more space is needed please con			
Signature:			Date:
(Results of initial review will be maile	ed to you)		
******	(FOR OFFICE U	SE ONLY)	******
DETERMINATION:	∟ Liable*	□ Not L	iable
[] Registration/Equipment Violation *Within 21 days, mail payment to: Lo			
□ No Legal Reason to Dismiss			Letter #
☐ D.M.V. shows respondent	as R/O when citation v	vas issued.	
☐ D.M.V. shows no change i	n ownership, there is n	o release of liabili	ty on file.
☐ See attached field check.			
□ Correct RO: / Remarks: ´	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Reviewed by: Date:			