

PROOF OF SERVICE OF NOTICE OF APPEAL (Parking Violation)

APPEAL OF (Name):	PARKING TICKET NUMBER
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INSTRUCTIONS

A copy of your notice of appeal must be served on the parking ticket processing agency, (Vehicle Code 40230(a)). Service can be made in one of the following ways: (1) personally delivering a copy of the notice of appeal to a representative of the processing agency, OR (2) mailing a copy of the notice of appeal by first-class mail, postage prepaid, addressed to the processing agency. Anyone at least 18 years old can personally serve or mail the notice. Make sure whoever serves or mails the notice fills out and signs this proof of service. File this proof of service with the Court as soon as the notice is served or mailed.

1. At the time of service, I was at least 18 years old. I served this *Notice of Appeal (Parking Violation)* on the agency named below in the manner indicated below:

NAME OF PARKING AGENCY

2. My residence or business address is as follows:

ADDRESS
CITY, STATE, AND ZIP CODE

3. Manner of Service (*Check and complete (a) or (b) below*):

- (a) *Personal Service*. I personally delivered a true copy of the *Notice of Appeal* as follows:

NAME OF PERSON DOCUMENT LEFT WITH	DATE OF SERVICE	TIME OF SERVICE
ADDRESS		

- (b) *First-Class Mail*. I am employed in, or a resident of, the county where the notice was mailed. I deposited a true copy of the *Notice of Appeal* in the United States mail, enclosed in a sealed envelope with prepaid, first-class postage, as follows:

DATE OF MAILING	PLACE OF MAILING (<i>City and State</i>)
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Envelope addressed as follows:

I declare under penalty of perjury, under the laws of the State of California
that the foregoing is true and correct.

SIGNATURE	PRINT NAME	DATE
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IN THE MUNICIPAL COURT OF _____ JUDICIAL DISTRICT COUNTY OF VENTURA, STATE OF CALIFORNIA	Reserved for Clerk's File Stamp
COURT ADDRESS	
NOTICE OF APPEAL (Parking Violation)	CASE NUMBER

I appeal to the Municipal Court, as provided by law, from the final decision of the parking ticket processing agency on the administrative review of my parking violation.

APPELLANT'S NAME	TELEPHONE NUMBER
STREET ADDRESS	TICKET PROCESSING AGENCY (CITY)
CITY, STATE, AND ZIP CODE	PARKING TICKET NUMBER

Date _____

 APPELLANT'S SIGNATURE

IMPORTANT INFORMATION 1. This form must be filed with the Court within 30 calendar days after the date of mailing of the final decision on the administrative review conducted by the parking ticket processing agency. It must be personally delivered or mailed to the Court, at the address shown above, and must be received by the Court, together with the required filing fee, within the 30-day period. 2. There is a \$25 fee for filing the Notice of Appeal. The fee must accompany this form. Make checks or money orders payable to: MUNICIPAL COURT CLERK. If your check bounces, your appeal will be voided. 3. A copy of this form must be served by personal delivery, or by first-class mail, on the parking ticket processing agency. The proof of service on the back of this form must be completed and filed with the Court before the hearing on your appeal. 4. The Court will notify you by mail of the hearing date on your appeal.
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DISTRIBUTION:
 Court Case File Processing Agency Contestant

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