

CITY OF PETALUMA

REQUEST FOR HEARING ON ADMINISTRATIVE CITATION

(Request must be filed within 15 days of Citation Issue Date at Community Development Department)

Name: _____ Citation No: _____ Citation Issue Date: _____

Address: _____ Phone: _____

I hereby request an administrative hearing to contest the administrative citation issued to me. I am contesting this administration for the following reasons (If you need more room, attach another sheet):

_____ I have submitted the full amount of the citation as a required advance deposit in the amount of \$ _____.

_____ I have submitted the appeal processing fee in the amount of \$200.00.

(Signature of Contesting Party)

Date: _____

For City Use Only:

Received _____ Postmark Date _____ Referred to _____

Appeal Denied: _____ Not timely (More than 15 days of the Citation Issue Date)
_____ Insufficient Deposit