



OFFICE OF THE CITY CLERK

CITY HALL
10300 TORRE AVENUE • CUPERTINO, CA 95014-3255
TELEPHONE: (408) 777-3223 • FAX: (408) 777-3366

ADMINISTRATIVE CITATION APPEAL HEARING REQUEST FORM

Instructions: Please type or print neatly using a ball point pen. All information must be completed on this form and a copy of the Administrative Citation must be attached to be considered for review.

I, the undersigned, do hereby appeal the Administrative Citation as follows:

Citation Number: _____

Date of citation: _____

Total amount due: _____

Name _____ Signature _____

Mailing address _____ Email _____

City _____ State _____ Zip _____ Telephone _____

Address of violation _____

List the reason(s) for the appeal (attach additional pages, photographs, and diagrams if necessary): _____

1. The Appeal Hearing Request Form must be received by the Office of the City Clerk within ten (10) business days from the date of the Administrative Citation together with the total penalty amount due or Advance Deposit Hardship Waiver Form.
2. You will be notified of the hearing which will be held between fifteen (15) business days and sixty (60) calendar days from the date on the notice of hearing.
3. If you fail to appear at your hearing, this failure shall constitute a forfeiture of the penalty and no further administrative remedy is available.

(Staff Use Only)

Date/time received by Office of City Clerk: _____ Staff initials: _____

Hardship Waiver Approved: Yes: _____ No: _____

Department Staff Review Signature _____ Date: _____