

REQUEST FOR ADMINISTRATIVE APPEAL HEARING FORM

This request to appeal <u>must be received</u> by the City Clerk within twenty (20) days of date of citation to be considered timely filed. Please submit any supporting documents or photos with this form.

1.	Appellant. Mr./Mrs./Ms. Name:				
	Phone:	Email:			
	Mailing Address:				
	City:	State:	Zip Code:		
	(<i>If applicable</i>) Business Name:		Business Lic. #:		
2.	Interest in Citation. (Place X in front of selection)				
	A. Charged B. personally owner	Charged as the of the property	C. Acting as the legally authorized Agent of the cited business or homeowner		
3.	Administrative Citation. Date of citation: Citation #:				
	Address of property cited or location where individual received citation:				
	Citation address:				
	City:	State:	Zip Code:		
Municipal Code section(s) violated:					
	Code violation(s) being app				
4. Reason for Appeal. Provide a brief statement of why you are appealing and why the violation/administrative citation should be revoked, modified or otherwise. The AMOUNT of the fine cannot be reduced on appeal. Attach addit as necessary. Any documents or photos you wish to submit in support of should be included with this form. (Number of sheets attached)					

5.	Election to Forego an In-Person Hearing. It is your right under Arroyo Grande Municipal Code Section 1.18.090 to have an inperson hearing. If you choose, you may forego this right and have your appeal reviewed on the record, which will include all documents you submit and all those provided by the City.				
	By checking this box, I am indicating	g l do not v	vant an in-person hearing.		
6.	Truth of Appeal. I declare, under penalty of perjury, that all of the facts stated in this appeal are true and that this appeal form was signed on the date and at the location indicated below.				
	Date: C	city, State: _			
	Signature of Appellant		Print name of Appellant		
Mail or Deliver in person to:					

City Clerk's Office, 300 East Branch Street, Arroyo Grande, CA 93420