

City of California City Administrative Review Form

Do not complete this form until you have read all instructions completely.

Today's Date		_				
		Citation Information	on (One form)	oer citation)		
Citation #		Citation Date		Site Address		
		Person	al Information			
Name:			Daytime Phone #			☐ Home☐ Work
Mailing Address						□ Cell
		1	Alternate	Phone #		□ Home
City	CA:	Zip				□ Work□ Cell
		We may need to call	you if we have a	ny questions		
	Poonon for ro	equesting review (attac	h citation ? co	dditional about	if according blo	\
	Neason for re	equesting review (attac	ii citation & at	dilional Sheets	п ассрпсавіе)
I certify under penalty of	of perjury that th	ne above statement is true a	nd correct to the	best of my knowle	edge.	
Signature:			Da	te:		
FOR OFFICE USE DATE:	ONLY	REVIEWED BY			UPHELD	□ DISMISSED