



CITY OF FOUNTAIN VALLEY

10200 Slater Avenue, Fountain Valley, California 92708 (714) 593-4445 (714) 593-4551 FAX

TO: CITY CLERK

FROM: _____

DATE:

SUBJECT: **APPEAL OF ADMINISTRATIVE CITATION**

I, _____, hereby appeal to the Hearing Officer, the Citation Administrator's determination of _____, 20__, regarding the following:

The citation I am appealing is as follows:

Name of Responsible Party	
Date of Violation	
Code or Ordinance Violated	
Address of Violation	
Description	

As noted on the back of the citation, request for hearing must include *in writing*, your reasons for contesting the citation.

Name of Applicant: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: _____ Email Address: _____

Signature of Applicant: _____

This appeal has been filed within fifteen (15) calendar days from the date the administrative citation was served.