## REQUEST FOR HEARING ADMINISTRATIVE CITATION

The contestant must complete the following information for each Administrative Citation being appealed and/or attach legible photocopies of each said citation.

I request an Administrative hearing for the following reasons:	
Signature:	Date:
I	. declare under penalty of periury that the
above statement is true and correct	, declare under penalty of perjury that the to the best of my knowledge.
First Name:	Last Name:
Mailing Address:	
	Business No.:
CA Driver's License No.:	Expiration Date:

You have the right to appeal this administrative citation at a hearing before an administrative hearing officer. To request a hearing, you must complete a "Request for Hearing" form and return it to the CITY OF WEST COVINA C/O CITATION PROCESSING CENTER, P.O. BOX 3926, TUSTIN, CA 92781-3926 WITHIN 21 DAYS of the issuance of the administrative citation. The Request for Hearing should be accompanied by an advanced deposit of the fine or request for a Hardship Waiver Form when you are not able to pay for the citation and submit all proof of income and expenses, pursuant to Section 15.226(e) of the West Covina Municipal Code.