ADMINISTRATIVE CITATION APPEAL REQUEST

REQUEST MUST BE RECEIVED AT THE ADDRESS BELOW WITHIN TWENTY-ONE (21) DAYS OF THE CITATION DATE.

COMPLETE ALL SECTIONS BELOW. YOU MAY FAX, MAIL OR HAND DELIVER THIS FORM.

Name	Citation #	Citation Date

Mailing Address	City, State, Zip Code

Email Address	Phone #

Check Box		
		I request a telephone hearing (you will be advised by mail as to the date and time)
		I want to appear in person (you will be advised by mail as to the date and time)

INSTRUCTIONS: Print legibly and explain in detail why you are appealing the citation. Keep your copy of the citation. Attach any additional information or documentation you have to be considered.

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I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENT AND INFORMATION PROVIDED BY ME IS TRUE, ACCURATE, COMPLETE, AND CORRECT. I UNDERSTAND THAT THIS APPEAL REQUEST FORM MUST BE RECEIVED AT THE ADDRESS BELOW WITHIN 21 DAYS FROM THE CITATION DATE.

Signature: _____ Date: _____

Printed Name: _____

FOR OFFICIAL USE ONLY

Date Received:_____ **Received By:**_____

Admin Citation Dismissed: Yes_____ **No**_____ **Date Dismissed:**_____ **Dismissed By:**_____

Hearing Date Scheduled: Yes_____ **No**_____ **Date Of Hearing:**_____ **Time of Hearing:**_____

Location of Hearing: _____

SEND REQUEST TO: **TOWN OF TRUCKEE CODE COMPLIANCE**
Request for Citation Review/Hearing
Citation Processing Center
P.O. Box 11024
Newport Beach, CA 92658