



# Land Use Services Department Code Enforcement

David Doublet  
Director

## CODE ENFORCEMENT ABATEMENT INVOICE APPEAL REQUEST

**FORM MUST BE RETURNED WITHIN 20 DAYS OF THE INVOICE DATE**

DATE APPEAL FORM SUBMITTED: \_\_\_\_\_ DATE ON INVOICE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ ASSESSOR'S PARCEL NUMBER (APN): \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

E-MAIL ADDRESS: (Please Print Clearly) \_\_\_\_\_

**DUE TO ONGOING PUBLIC HEALTH CONCERNS IN-PERSON HEARINGS HAVE BEEN SUSPENDED UNTIL FURTHER NOTICE**

DO YOU WISH TO APPEAR BY PHONE? \_\_\_\_\_ OR BY WRITTEN DECLARATION? \_\_\_\_\_

**I PREFER** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM APPOINTMENT OR NO PREFERENCE** \_\_\_\_\_

We will try to accommodate you; however selected preference is not guaranteed.

If "Declaration" is checked or there is a failure to appear, your appeal will be heard, and a decision delivered in your absence. You will be notified by mail of the Hearing Officer's decision.

Reason for appeal (must be completed, attach additional sheets if needed and documents necessary to support your appeal request):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\$100.00 ADVANCE DEPOSIT APPEAL FEE OR COMPLETED HARDSHIP WAIVER FORM REQUIRED.** Your appeal will not be accepted unless a check, money order, or completed hardship waiver form is included with this appeal form. The appeal fee is not refundable. The form and Appeal Fee must be submitted in person or by mail to:

**LAND USE SERVICES DEPARTMENT  
ATTN: CODE ENFORCEMENT NTAR APPEALS  
385 N ARROWHEAD AVE, FIRST FLOOR  
SAN BERNARDINO, CA 92415**

APPELLANT SIGNATURE

DATE

REV: 06/28/2022

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