



## Fire Hazard Abatement Appeal Form

Office Use Only

Today's Date: \_\_\_\_\_ Assessor Parcel Number: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address (please print clearly): \_\_\_\_\_

☐ I am appealing a Fire Hazard Abatement Invoice. The Appeal Form must be returned no later than 60 days from the Invoice Date. **Invoice Number:** \_\_\_\_\_ **Invoice Date:** \_\_\_\_\_

☐ I am appealing a Fire Hazard Abatement Notice and Order to Abate. The Appeal Form must be returned no later than Compliance Date on the Notice and Order to Abate. **Notice Date:** \_\_\_\_\_

For your convenience, we are currently offering hearings by telephone or written declaration. (Should you require an in-person hearing, please contact our office at (909) 884-4056.)

I wish to appear by: Phone ☐ Written Declaration ☐

For Phone Hearings I prefer A.M. ☐ P.M. ☐ No Preference ☐

We will try to accommodate your preferred time; however your selection is not guaranteed.

☐ I have enclosed the required \$100 Appeal Fee ☐ I have submitted an Appeal Fee Hardship Waiver

**Required:** Reason for appeal (attach additional sheets if needed)

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**The Appeal Form and \$100 Appeal Fee, or completed Hardship Waiver must be submitted in person or by mail to:**

San Bernardino County Land Use Services Department  
Attn: FHA Appeals  
268 W. Hospitality Lane, Suite 300  
San Bernardino, CA 92415

\_\_\_\_\_  
Appellant Signature

\_\_\_\_\_  
Date