



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)

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