



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:** _____

Due to ongoing public health concerns in-person hearings have been suspended until further notice.

I wish to appear by: Phone ☐ 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 _____