



**Code Enforcement
Short Term Rental Appeal Form
Applicant or Permittee**

Office Use Only

The form must be returned no later than the required date as listed below

Today's Date: _____ Assessor Parcel Number: _____

Your Name: _____ Phone: _____

Location of Property: _____

Mailing Address: _____

E-mail Address (please print clearly): _____

☐ I am appealing a Short-Term Rental Denial. The Appeal Form must be returned no later than 30 days from the Notice Date. **Application Number:** _____ **Notice Date:** _____

☐ I am appealing a Short-Term Rental Suspension or Revocation. The Appeal Form must be returned no later than 10 days from the Notice Date. **Permit Number:** _____ **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 a Hardship Waiver must be submitted in person or by mail to:

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

Appellant Signature _____

Date _____