



### Code Enforcement Administrative Citation Notice of Appeal

**The Notice of Appeal must be submitted no later than 20 calendar days of the citation date**

Citation Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Citation Amount: \$ \_\_\_\_\_

Today's Date: \_\_\_\_\_ Case Number: \_\_\_\_\_ APN: \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

I wish to appear by  Phone  I will not attend the hearing. I would like the Hearing Officer to make a decision based on the information contained in the Enforcement Officer's case file and for the reasons stated in this Notice of Appeal and attachments.

**Required:** Reason for appeal (you may attach additional pages as needed)

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

I have attached verification/documents to support my appeal

**Required - You must check one of the boxes below and submit the deposit in the full amount of the penalty or hardship waiver. Failure to submit the notice of appeal form and full amount of the advance deposit or hardship waiver shall constitute a waiver of the right to appeal the administrative citation.**

I have submitted an advance deposit in the amount of the citation as indicated above. Payment may be in the form of a cashier's check payable to: County of San Bernardino. A credit card payment may also be made on-line at [www.citationprocessingcenter.com](http://www.citationprocessingcenter.com) or by calling **(800) 969-6158**. Your hearing request will not be processed unless the advance deposit is received within 20 days of the issuance of the citation.

I have filed an Advance Deposit Hardship Waiver. If you are financially unable to pay the advance deposit amount at the time of filing your appeal, you may contact Code Enforcement at (909) 884-4056 and request an Advance Deposit Hardship Waiver Form. The form can also be found at <https://lus.sbcounty.gov/code-enforcement-home/admin-citations/>.

**Submit your completed forms and advanced deposit to:**  
County of San Bernardino, c/o Citation Processing Center  
P O Box 7275, Newport Beach, CA 92658

I request a hearing before a hearing officer and certify that the above statements are true and correct.

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Date