



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: _____

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 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 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.sbccounty.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