



ADMINISTRATIVE CITATION NOTICE OF APPEAL

San Bernardino County Fire Protection District
C/O Citation Processing Center
P.O. Box 7275
Newport Beach, CA 92658
Phone (800) 969-6158
WEBSITE: www.CitationProcessingCenter.com

You may appeal your administrative citation by filing this written Notice to Appeal together **with the total amount of the penalty within 20 calendar days of the issuance of the citation**. This appeal notice must include the reason(s) for the appeal. Failure to pay the total amount of the fine as an advance deposit or complete the Notice of Appeal shall render the appeal incomplete and you will be responsible for the total amount of the penalty. Upon receipt of your Notice of Appeal and advance deposit we will schedule and notify you of your hearing date.

APPELLANT INFORMATION

| | | | | | |
|-----------------|------------|-----------------|----------------------------|-----------|----------------|
| CITATION NUMBER | | DATE ISSUED | AMOUNT OF CITATION PENALTY | | |
| NAME | | MAILING ADDRESS | | COMMUNITY | STATE ZIP CODE |
| PHONE NUMBER | FAX NUMBER | | EMAIL ADDRESS | | |

REASON FOR APPEAL

Your advance deposit payment must be in the form of a cashier's check made payable to SBCFD or San Bernardino County Fire Department.

Any administrative penalty that has been deposited shall be refunded if it is determined, after a hearing, that you were not responsible for the violation(s) listed in your Administrative Citation or that there was no violation as charged in the Administrative Citation.

If you believe you are unable to pay the advance deposit penalty at the time of filing the Notice of Appeal, you may contact the San Bernardino County Fire Protection District's Collections & Billing Section at (909) 387-5961 and request an Advance Deposit Hardship Waiver Form. You may also obtain the Waiver form at the Department website at www.sbcfire.org. You must submit your completed Advance Deposit Hardship Waiver Form within 10 days of your citation.

CERTIFICATION

I have filed an Advance Deposit Hardship Waiver

I hereby request to appeal my Administrative Citation before a hearing officer and I certify that the information submitted by me as to the reason of my appeal request is true and correct.

| | | | |
|------------------------------------|--|-----------|------|
| SUBMITTED BY <i>(please print)</i> | | SIGNATURE | DATE |
|------------------------------------|--|-----------|------|

OFFICE USE ONLY

| | | | | | | |
|-----------------|------|--------|------------|-------------|----------------|--------------|
| DATE OF RECEIPT | TYPE | AMOUNT | CHECK NAME | RECEIVED BY | RECEIPT NUMBER | HEARING DATE |
|-----------------|------|--------|------------|-------------|----------------|--------------|