



Land Use Services Department/Code Enforcement Administrative Citation Notice of Appeal

You may appeal the administrative citation by filing a written appeal notice 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 or complete and attach the notice of appeal shall render the appeal incomplete. The cited party shall then be responsible for the total amount of the penalty. You will be notified of your hearing date at least 10 days prior to the hearing.

Administrative Citation #: _____ Date Issued: _____

APN: _____

Name: _____

Mailing Address: _____

Daytime Phone: _____

Email Address: _____

List your reason(s) for Appeal and attach any documents necessary to support your appeal:

Amount of administrative citation penalty: \$ _____

I have filed an Advance Deposit Hardship Waive I have made an advance deposit in the amount of the citation
Payment may be in the form of a cashier’s check payable to the County of San Bernardino. A credit card payment may also be made on-line at www.citationprocessingcenter.com or by calling (800) 969-6158.

Any Administrative Citation penalty that has been deposited shall be refunded if it is determined, after a hearing, that the person or entity charged with the violation was not responsible for the violation 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 Code Enforcement at (909) 884-4056 and request an **Advance Deposit Hardship Waiver Form**.

DUE TO ONGOING PUBLIC HEALTH CONCERNS IN-PERSON HEARINGS HAVE BEEN SUSPENDED UNTIL FURTHER NOTICE

I would like a hearing by phone (provide phone number above).
 I will not attend 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.

I hereby request a hearing before a hearing officer and certify that the above statement is true and correct.

Signature: _____ Date: _____

Return this form along with citation and penalty to:
County of San Bernardino
C/O Citation Processing Center
PO Box 7275, Newport Beach, CA 92658 (800) 969-6158