



Land Use Services Department Fire Hazard Abatement

Terri Rahhal
Director

FORM MUST BE RETURNED BY THE NOTICE TO ABATE COMPLIANCE DATE

DATE OF FORM SUBMISSION: _____

ASSESSOR'S PARCEL NUMBER (APN): _____

NAME: _____ PHONE: _____

MAILING ADDRESS: _____

LOCATION OF PROPERTY: _____

E-MAIL ADDRESS: _____

DO YOU WISH TO APPEAR IN PERSON? YES ___ NO ___ OR DO YOU WISH TO APPEAR BY PHONE? YES ___
I PREFER ___AM ___PM APPOINTMENT OR NO PREFERENCE _____

We will try to accommodate you, however, selected preference is not guaranteed.

If "NO" is checked or no selection made, your appeal will be heard and a decision delivered in your absence. You will be notified by mail of the Board's decision. **NOTE:** A decision from the Board of Appeals concludes the administrative process and is not reviewable by this agency or the Appeal panel.

Reason for appeal (must be completed, attach additional sheets if needed): _____

\$217.00 FEE REQUIRED. Your appeal will not be accepted unless a \$217.00 (per parcel) check or money order is included with this appeal form. Appeal and form must be mailed to:

LAND USE SERVICES DEPARTMENT
ATTN: FHA APPEALS
385 N. ARROWHEAD AVE. FIRST FLOOR
SAN BERNARDINO, CA 92415-0187

\$217.00 fee is non-refundable unless Land Use Services-FHA is found to be wholly erroneous in abatement administration and/or ordinance process.

APPELLANT SIGNATURE
REV: 070219

DATE

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