



Land Use Services Department Fire Hazard Abatement

Terri Rahhal
Director

FORM MUST BE RETURNED NO LATER THAN 60 DAYS FROM INVOICE DATE

DATE APPEAL FORM SUBMITTED: _____

INVOICE NUMBER: _____

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.

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

\$100.00 ADVANCE DEPOSIT OR COMPLETED HARDSHIP WAIVER FORM REQUIRED. Your appeal will not be accepted unless a check, money order or completed hardship waiver form is included with this appeal form. This appeal fee is not refundable unless the County is found to be wholly erroneous in its actions. Advance deposit and form must be submitted in person or by mail to:

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

APPELLANT SIGNATURE

DATE

REV: 04/13/2020

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