



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: (Please Print Clearly) _____

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

DO YOU WISH TO APPEAR BY PHONE? YES _____ NO _____ OR BY DECLARATION _____

I PREFER _____ AM _____ PM APPOINTMENT OR NO PREFERENCE _____

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

If "Declaration" is checked or no answer to call, 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 APPEAL HEARING FILING FEE 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. The appeal fee is not refundable unless the County is found to be wholly erroneous in its actions. The form and Appeal Fee or Hardship Waiver must be submitted in person or by mail to:

LAND USE SERVICES DEPARTMENT

ATTN: FHA APPEALS

172 W 3rd STREET, 4th FLOOR

SAN BERNARDINO, CA 92415-0185

APPELLANT SIGNATURE

DATE

REV: 03/17/2021

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