Appeal & Request for Administrative Citation Hearing

The recipient of an administrative citation may contest the citation by filing an Appeal & Request for Administrative Hearing form. Complete the following information and return this form, together with the advanced deposit of the citation fine(s) imposed, within thirty (30) calendar days of the citation issuance.

Appellant Name:__________________________________________________________

Mailing Address:__________________________________________________________

City, State, Zip:___________________________________________________________

Daytime Telephone Numbers:_______________________________________________

Address of Violation:_______________________________________________________

Responsible Party’s Relationship to the Property: ( ) Owner ( ) Other (specify):____________________

State the nature of the violation(s) at issue: ______________________________________

______________________________________________

Reason for appeal (For each violation indicate why an appeal is requested, attach additional sheets as necessary):

______________________________________________

______________________________________________

Important notes:

• Appeals and payments must be received within thirty (30) days of the date of citation
• Advance deposit hardship waiver request must be made on a separate form within ten (10) days of the date of the citation.
• Each violation being appealed must have the reason/ explanation as to why an appeal is being requested for that specific violation.
• If your appeal is timely and complete, a hearing will be set for a date not less than fifteen (15) days and not more than sixty (60) days from the date the appeal is filed.
• Checks, cashier’s checks, or money orders must be made payable to “City of Carlsbad”. Do not send cash
• If the citation is dismissed or cancelled, a refund of the citation amount paid shall be issued.

Mail completed appeal form and payment of fine amount to:

City of Carlsbad
Code Compliance Unit
1200 Carlsbad Village Drive
Carlsbad, CA 92008

Declaration

I declare under penalty of perjury under the laws of the State of California that my statement and all attached pages are true, correct and complete.

Signature:________________________________________________  Date:_____________________________

Name Printed:______________________________________________________________________________