



## 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 appeals 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 upon the receipt of your appeal of your hearing date.

Administrative Citation #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

APN: \_\_\_\_\_

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 Waiver

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](http://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**.

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

I will attend hearing.

I will not attend hearing. I would like a phone hearing (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.

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