



CITY OF YUCAIPA

34272 Yucaipa Boulevard, Yucaipa, CA 92399
Phone (909) 797-2489 X245 Fax (909) 790-9203

ADMINISTRATIVE CITATION HEARING REQUEST

Name: _____

Address: _____

Telephone Number: _____

Citation No.: _____

Date of Citation: _____

Reason for the Appeal:

A property owner or other responsible person who received an Administrative Citation may contest the citation on the basis that there was no violation of the Yucaipa Municipal Code, or that he or she is not the responsible party. The request must be submitted within twenty-one (21) calendar days from the issuance date of the Administrative Citation.

This completed request must be submitted together with either an advance deposit of the fine that was assessed or with an Advance Hardship Waiver Request form.

You will be notified of the time and place of the hearing at least ten (10) days prior to the date of the hearing.

Signature: _____

Date submitted: _____

***** FOR CITY USE ONLY *****

Stamp Rec'd

Amount Received _____

- Cash
- Credit, Last 4-digits: _____ MC/Visa
- Check (number): _____

Initials _____

Receipt Number _____