

**CITY OF SAN RAFAEL**

**REQUEST FOR HEARING ON ADMINISTRATIVE CITATION**

(Request must be filed within 30 days of Citation Issue Date at Administrative Services Dept.)

Name: \_\_\_\_\_ Citation No: \_\_\_\_\_ Citation Issue Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby request an administrative hearing to contest the administrative citation issued to me. I am contesting this administration for the following reasons (If you need more room, attach another sheet):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I have submitted the full amount of the citation as a required advance deposit in the amount of \$ \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Contesting Party)

Date: \_\_\_\_\_

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For Administrative Services Department Use Only:

Received \_\_\_\_\_ Postmark Date \_\_\_\_\_ Referred to \_\_\_\_\_

Appeal Denied: \_\_\_\_\_ Not timely (More than 30 days of the Citation Issue Date)  
\_\_\_\_\_ Insufficient Deposit