



Complete This Form and Return To:

CITY OF MERCED
City Clerk's Office
678 West 18th Street
Merced, CA 95340
(209) 388-8650

For City Use Only:
Date Filed: _____
Was Appeal Filed Timely? ___ Yes ___ No
Date Appeal Fee Paid: _____
Date of Appeal Hearing: _____

REQUEST FOR APPEAL HEARING ON ADMINISTRATIVE CITATION

Name [Appellant(s)]: _____

Mailing Address: _____

Citation Number: _____ Date of Citation: _____

Address of the Violation: _____

Amount of Fine: \$ _____

YOUR APPEAL MUST BE FILED WITHIN THIRTY (30) DAYS FROM THE DATE OF THE CITATION AND ALL PENALTY AMOUNTS MUST ACCOMPANY THE REQUEST FOR APPEAL HEARING

Amount Enclosed: \$ _____ CHECK CASHIER'S CHECK MONEY ORDER
 DEBIT/CREDIT CARD [Credit Card # _____ Exp. _____]
 ADVANCE DEPOSIT HARDSHIP WAIVER REQUESTED (attach form)

STATEMENT OF APPEAL. Indicate Whether Your Appeal Contests (check all that apply):

The existence of the violation cited. That you are the party responsible for committing the violation.

Provide a brief statement of the specific items protested by you and provide any material facts which you believe support your protest: _____

Provide a brief statement of the relief sought by you (e.g., modify or set aside the Administrative Citation) and the reasons why the Administrative Citation should be rescinded, modified or set aside:

DATE _____

Appellant's Signature

DATE _____

Appellant's Signature

Appellant(s) will be notified of time, date and location of the hearing by first class mail at the mailing address indicated above.