



## REQUEST FOR CODE ENFORCEMENT HEARING APPEALING AN ADMINISTRATIVE CITATION

|                  |  |
|------------------|--|
| Today's Date:    |  |
| Name:            |  |
| Address:         |  |
|                  |  |
| City, State, Zip |  |
| Phone:           |  |
| Alt:             |  |
| Email:           |  |

Reason for Request/basis for your appeal (attach additional sheets if necessary):

|                       |  |
|-----------------------|--|
| Citation Number:      |  |
| Case Number:          |  |
| Date of Citation:     |  |
| Location of Citation: |  |

Payment of fine must be submitted with Request for Hearing. Please make checks payable to **City of San Juan Capistrano**. Credit card payments may also be made to the Citation Process Center at: [www.citationinfo.com](http://www.citationinfo.com) or by calling **1-800-969-6158**.

**WARNING!** Your completed request **MUST** be received within **fifteen (15) calendar days** from the issuance date of the citation (SCJMC 1-7.080). **If you need further clarification about payment or appeal of this citation please call 1-800-969-6158.**

Amount Paid: \$ \_\_\_\_\_ Paid by:  Check  Money Order

**NOTE:**

The following items **MUST** be mailed to **City of San Juan Capistrano, c/o Citation Processing Center, P.O Box 7275, Newport Beach, CA 92658:**

- A copy of the citation
- Request for Hearing form
- Check or Receipt of Credit Card Payment

You will be notified of the date, time, and location of the hearing by certified mail within **sixty (60) days** of the City's receipt of your request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date