



CITY OF STOCKTON
MUNICIPAL UTILITIES DEPARTMENT
2500 NAVY DRIVE
STOCKTON, CA 95206
(209) 937-7019 FAX (209) 937-8702

ADMINISTRATIVE HEARING REQUEST FORM

NAME (RESPONSIBLE PERSON / APPELLANT) FACILITY ID #

MAILING ADDRESS CITATION # dated:

CITY/STATE CONTROL OFFICER
ZIP CODE

DAYTIME PHONE # EVENING PHONE # DOLLAR AMOUNT OF FINE \$

VIOLATION ADDRESS

PROPERTY OWNER TENANT BUSINESS OWNER OTHER (SPECIFY RELATIONSHIP TO PROPERTY)

I HEREBY REQUEST A HEARING TO APPEAL

ON THE FOLLOWING GROUNDS

I WILL HAVE LEGAL COUNSEL PRESENT:

ATTORNEY'S NAME ADDRESS CITY/STATE/ZIP DAYTIME PHONE #

This form must be accompanied by a \$94.00 nonrefundable Hearing Fee.

NOTE: CODE SEC. 13.40.260

THIS APPEAL FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN TEN (10) CALENDAR DAYS FROM RECEIPT OF THE DIRECTOR'S WRITTEN DECISION REGARDING THE REQUEST FOR RECONSIDERATION. FILING AN APPEAL DOES NOT PREVENT SUBSEQUENT CODE ENFORCEMENT ACTIONS. HOWEVER, ALL SUBSEQUENT ACTIONS WILL BE ADDRESSED AT THE HEARING AND DO NOT REQUIRE FILING ADDITIONAL APPEALS.

A NOTICE OF HEARING WILL BE SENT TO THE ABOVE MAILING ADDRESS TO GIVE NOTIFICATION OF THE DATE, TIME, AND PLACE SET FOR THE HEARING. IF YOU FAIL TO ATTEND THE SCHEDULED HEARING WITHOUT PRIOR WRITTEN CONFIRMATION OF RESCHEDULING, THE HEARING WILL BE HELD IN YOUR ABSENCE. ALL DECISIONS SHALL BE FINAL.

DATED (RESPONSIBLE PERSON / APPELLANT)