



REQUEST FOR ADMINISTRATIVE APPEAL HEARING

To: **City Clerk
City of Modesto
P. O. Box 642
1010 Tenth Street
Modesto, CA 95353
(209) 577-5396**

WARNING!

Your appeal must be filed within twenty (20) calendar days from the service, as defined by MMC 1-6.205, of an administrative citation, notice and order or notice of violation.

1. **Name of Appellant** _____
2. **Address** (Street) _____
(City) _____ (State) _____ (Zip Code) _____
3. **Telephone** (Home) _____ (Work) _____ (Other) _____
4. **Notice of Hearing to be sent to: (if different than above address)**
Name _____ Relation to Appellant _____
Address (Street) _____
(City) _____ (State) _____ (Zip Code) _____
5. **Case Number (if applicable)** _____
6. **Please identify the type of violation identified on the Citation.** _____

7. **What City Department issued the Citation?** _____
8. **Why are you appealing the penalty and/or order imposed?** _____

9. **What facts support your contention no administrative penalty or a different penalty should be imposed?** _____

10. **What facts support your contention no administrative order should be issued?** _____

PLEASE BE ADVISED that pursuant to Modesto Municipal Code Section 1-6.506 the hearing officer assigned to this matter may assess reasonable administrative costs associated with the hearing.

Date: _____

Signature of Appellant