



City of El Cajon

Community Development Department
ADMINISTRATIVE CITATION
Request for Appeal Hearing

Citation #: _____

Name (Appellant): _____

Address: _____

Phone: _____ Email: _____

Address of Violation: _____

ALL PENALTY AMOUNTS MUST ACCOMPANY THIS APPEAL. ALL APPEALS MUST BE FILED WITHIN (10) CALENDAR DAYS FROM THE ISSUANCE DATE OF THE CITATION. PLEASE SUPPLY TWO SETS OF DOCUMENTS TO SUPPORT YOUR CLAIM, SUCH AS PHOTOS, DIAGRAMS, COPIES OF PERMITS, AND TESTIMONY OF WITNESSES.

Amount Enclosed: \$ _____ Check Money Order Cash

REASON(S) FOR APPEAL:

You are entitled to have legal representation at the Appeal Hearing.

Will you have an attorney present? Yes No

Number of witnesses to appear at the hearing on your behalf: _____

I declare under penalty of perjury that the foregoing statement and information provided by me is correct.

Signature (Appellant): _____

Appellant will be notified of time, date and location of the hearing by first class mail. Please mail appeal, supporting documentation, and payment to:

**City of El Cajon
Department of Community Development
200 Civic Center Way
El Cajon, CA 92020**

City Staff Use Only

Received By: _____	Date Appeal Received: _____
Received Via: <input type="checkbox"/> Mail <input type="checkbox"/> Personal Delivery <input type="checkbox"/> Other: _____	