



REQUEST FOR HEARING APPEALING AN ADMINISTRATIVE CITATION

Today's date: _____

Name: _____

Address: _____

Phone: _____

Fax: _____

Alt: _____

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

Citation Number: _____

Case Number: _____

Date of citation: _____

Location of Violation: _____

Amount of fine must be submitted with Request for Hearing.

Amount Paid \$ _____. Paid by: Check Money Order

Note: Credit Card payments must be made to Citation Process Center at: www.citationinfo.com
or by calling 1-800-969-6158.

A copy of the Citation, this Request for Hearing form and the fine amount must be mailed to:
City of San Juan Capistrano, P. O. Box 7275, Newport Beach, CA 92870.

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

WARNING! Your completed request must be received within fifteen (15) calendar days from the issuance date of the citation. (SJC MC § 1-7.080)