



NOTICE OF APPEAL REQUEST FOR ADMINISTRATIVE HEARING

Attention: Citation Processing Center

Citation No. _____

Date of Citation _____

NAME

Today's Date _____

MAILING Address

Daytime Phone No. _____

City

State

Zip

REASON FOR APPEAL (check any appropriate boxes)

Violation did not occur I am not the responsible party Other _____

Supporting information (Additional space on page 2 if needed).

To contest the citation you must deposit the full amount of the fine with the Finance Department at Loma Linda City Hall, 25541 Barton Rd., Loma Linda CA 92354. You may pay in person or by mail. Please write the citation number on the check, cashier's check, or money order. Please provide a copy of your receipt for payment with this form. This form must be filed with the Public Safety Department no later than **15 calendar days** from the date the citation was issued. If the Hearing Officer finds in your favor the amount of the fine will be refunded to you.

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