



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 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. Department that Issued Citation _____
6. Why are you appealing the penalty and/or order imposed? _____

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

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

Date: _____

Signature of Appellant