

For Office Use: Date Stamp

Waiver of Appeal Fee Request

Administrative Penalty Date: _____

Citation ID #: _____

Violation Address: _____

My legal interest is:

Homeowner Property Manager Business Owner Business Manager

Other: _____

I submit the following facts (**on backside**) to substantiate receiving a Waiver of Appeal Fees for the appeal of the above-mentioned Administrative Penalty.

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____

Zip Code: _____

Even Phone: _____

Email: _____

Day Phone: _____

I hereby:

- Affirm that I am the real, and not nominal, party in interest.
- Affirm I have not requested an administrative hearing appeal fee waiver within the last six months.
- Affirm that there are no interested parties financially capable of paying the fee.
- Agree to furnish within two working days, the information requested by the Office of Cannabis Management to substantiate the waiver request. If the information requested is not furnished within said two working days, the Office of Cannabis Management may deny the fee waiver request without the opportunity to cure.

Signature

Date Submitted

NOTE: You must provide the reason(s) that you qualify for a Waiver of Appeal Fees as outlined in Chapter 1.24.100 of Sacramento City Code. Pursuant to Sacramento City Code section 1.24.010, the Office of Cannabis Management may request additional documentation.

