

Appeal Request

For Office Use: Date Stamp

OP #: _____

Business Name: _____

Date of Action: _____

Action being appealed:

Denial Suspension Revocation Non-Renewal

Other: _____

Appeal Fee Amount: \$500.00

I submit the following facts (**on backside**) to substantiate the action in reversing, modifying or setting aside the action of the City of Sacramento.

Name: _____

Title: _____

Address: _____

City: _____

Zip Code: _____

Eve Phone: _____

Email: _____

Day Phone: _____

I hereby appeal the above action and agree to pay the appeal fee noted above prior to the City scheduling a date for the Appeal Hearing.

Signature

Date Submitted

NOTE: An incomplete form will be returned to you and may result in a delay in scheduling your case before the Hearing Examiner.

