

Appeal Request

Administrative Penalty Date: _____

Citation ID #: _____

Violation Address: _____

My legal interest is:

Homeowner Property Manager Business Owner Business Manager

Other: _____

Administrative Fee Amount: \$250.00 \$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.

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____

Zip Code: _____

Even Phone: _____

Email: _____

Day Phone: _____

I hereby:

- Appeal the Administrative Penalty and agree to pay the Administrative Penalty fee noted above prior to the City scheduling a date for the Appeal Hearing;
- Agree notice of any additional proceeding or an order relating to the imposition of the administrative penalty may be received by first class at the address listed above (SCC §1.28);
- Acknowledge that if I do not proficiently speak or understand the English language, I may bring an interpreter to the hearing, at my own cost. I understand failure to make arrangements to have an interpreter present is not good cause for a continuance (SSC 1.28);
- Agree to familiarize myself with the City of Sacramento Cannabis Administrative Penalty Appeal Hearing Rules of Procedure which can be found at: <http://www.cityofsacramento.org/cannabis/appeal-hearings>.

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.

