



**CITY OF STOCKTON
MUNICIPAL UTILITIES DEPARTMENT
2500 NAVY DRIVE
STOCKTON, CA 95206
(209) 937-7019 FAX (209) 937-8702**

ADMINISTRATIVE HEARING REQUEST FORM

NAME _____ FACILITY ID # _____
(RESPONSIBLE PERSON / APPELLANT)

MAILING ADDRESS _____ CITATION # _____ dated: _____

CITY/STATE _____ CONTROL OFFICER _____
ZIP CODE _____

DAYTIME PHONE # _____ EVENING PHONE # _____ DOLLAR AMOUNT OF FINE \$ _____

VIOLATION ADDRESS _____

PROPERTY OWNER TENANT BUSINESS OWNER OTHER _____
(SPECIFY RELATIONSHIP TO PROPERTY)

I HEREBY REQUEST A HEARING TO APPEAL _____

ON THE FOLLOWING GROUNDS _____

I WILL HAVE LEGAL COUNSEL PRESENT:

ATTORNEY'S NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
DAYTIME PHONE # _____

**This form must be
accompanied by a \$81.50
non-refundable Hearing Fee.**

NOTE: CODE SEC. 13.40.260

THIS APPEAL FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN TEN (10) CALENDAR DAYS FROM RECEIPT OF THE DIRECTOR'S WRITTEN DECISION REGARDING THE REQUEST FOR RECONSIDERATION. FILING AN APPEAL DOES NOT PREVENT SUBSEQUENT CODE ENFORCEMENT ACTIONS. HOWEVER, ALL SUBSEQUENT ACTIONS WILL BE ADDRESSED AT THE HEARING AND DO NOT REQUIRE FILING ADDITIONAL APPEALS.

A NOTICE OF HEARING WILL BE SENT TO THE ABOVE MAILING ADDRESS TO GIVE NOTIFICATION OF THE DATE, TIME, AND PLACE SET FOR THE HEARING. IF YOU FAIL TO ATTEND THE SCHEDULED HEARING WITHOUT PRIOR WRITTEN CONFIRMATION OF RESCHEDULING, THE HEARING WILL BE HELD IN YOUR ABSENCE. ALL DECISIONS SHALL BE FINAL.

DATED _____ (RESPONSIBLE PERSON / APPELLANT)