



REQUEST FOR HEARING

Appeal of Administrative Citation

Name: _____

Address: _____

Mailing Address: Same as above _____

Phone Number: (_____) _____

Email: _____

Citation Number: _____ Date of Citation: _____

Reason for Appeal:
(Include all information and evidence to support your appeal here. Attach additional pages if necessary.)

Signature of Appellant: _____ Date: _____

**Please return this form along with a copy of the citation
no later than 30 days after the date of your citation notification letter to:**

City of Roseville
City Attorney's Office
311 Vernon Street
Roseville, CA 95678
(916) 774-5325 • FAX (916) 773-7348