



City of Salinas

COMMUNITY DEVELOPMENT DEPARTMENT: CODE ENFORCEMENT

65 W. Alisal Street Suite 101, Salinas, CA 93901

Ph (831) 758-7157 | Fax (831) 775-7938 | www.ci.salinas.ca.us

**Administrative Citation Hearing Request Form**

Date of Citation: \_\_\_\_\_ Penalty Amount: \_\_\_\_\_ Penalty Due Date: \_\_\_\_\_

Case Number: \_\_\_\_\_ Location of violation: \_\_\_\_\_

**Violation of Salinas Municipal Code Section(s):** \_\_\_\_\_

In accordance with Salinas Municipal Code Section 1-05.08, Hearing Request, persons contesting an administrative citation and requesting an administrative review by a Hearing Officer, **MUST DEPOSIT THE AMOUNT OF THE CITATION PENALTY STATED ABOVE WITHIN THIRTY (30) DAYS FROM THE DATE OF THE ADMINISTRATIVE CITATION.**

**If you are financially incapable of paying the penalty amount,** an Advance Deposit Hardship Waiver Application must be completed and approved before you can attend the hearing. Advance Deposit Hardship Waiver Applications are available at the Permit Services Division at 65 West Alisal Street, Salinas, CA 93901. **YOU MUST PROVIDE PROOF OF YOUR INABILITY TO PAY THE PENALTY** when completing the Hardship Waiver Application. Payroll stubs, verification of monthly social security benefits and AFDC verification are examples of proof to verify your income.

This request form must be completed and submitted with your payment to the Permit Services Division no later than the **due date noted above.** Personal checks or money orders must be made payable to: **CITY OF SALINAS. PLEASE DO NOT SEND CASH.**

This request form, along with your payment or an approved Hardship Waiver Application, must be returned in order to be scheduled for an Administrative Hearing. The date, time, and location of the Administrative Hearing will be mailed to you.

Si desea intérpetete                       Other interpretation needed \_\_\_\_\_

**BASIS FOR APPEAL:**

\_\_\_\_\_  
Name of Appellant (Please Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Date

**NOTICE: IF YOU FAIL TO SUBMIT THIS FORM WITH PAYMENT OR THE FEE WAIVER FORM, YOU WILL FORFEIT YOUR RIGHT TO AN ADMINISTRATIVE HEARING.**