

CITY OF FORT BRAGG

FOR CITY OFFICE USE ONLY:

RESPONSIBLE PARTY:



File # _____
Date Filed _____
Received by _____
Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Date of Hearing _____

NOTICE OF APPEAL OF CITATION

Citation No.:	Violation No.:	Citation Issuance Date:
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RESPONSIBLE PARTY INFORMATION

Name:	Phone:	Email:
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REASONS FOR CONTESTING CITATION

I, as the Responsible Party or authorized Representative of the Responsible Party, understand that failure to submit a completed Notice of Appeal of Citation Form within the allotted timeframe may have my appeal and request for hearing denied by the City Clerk, and that if notified by the City that my appeal request is rejected due to being incomplete, invalid or untimely does not extend the time in which I have to appeal the associated citation.

Signature of Responsible Party or Representative of Responsible Party:

<u>Date:</u>

If submitting form by mail, please send to: City of Fort Bragg 416 N. Franklin St. Fort Bragg, CA 95437 ATTN: City Clerk	If you would like more information on the Hearing Process, contact the City at (707) 961-2826 or email cdd@fortbragg.com .	Stamp of Receipt: <i>For City of Fort Bragg Office Use Only</i>
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