



City of West Hollywood
Neighborhood &
Business Safety Division
 8300 Santa Monica Boulevard
 West Hollywood, CA 90069
 (323) 848-6437

Case No. _____ (Office use only)

REQUEST FOR ADMINISTRATIVE HEARING

A party who has been issued an administrative citation is entitled to contest it no later than twenty-one (21) days after service of the citation. The request shall be accompanied by a deposit in the full amount of the penalty, inclusive of the administrative reimbursement portion, or written proof of financial hardship, which at a minimum must include tax returns, financial statements, bank account records, salary records or similar documentation demonstrating that the responsible party is unable to deposit the penalty. **A hearing will not be scheduled unless the full amount of the penalty is deposited, or the city finds the responsible party financially unable to do so and waives the deposit requirement.**

Name: _____

Mailing address: _____

City, State, Zip: _____

Daytime Telephone No: _____ Email: _____

Citation Number: _____ Citation Date: _____

State the nature of the violation at issue: _____

Briefly state the reason(s) you are contesting the citation: _____

(You may attach additional pages)

Check this box if you are requesting a waiver of the deposit due to financial hardship. If so, include the waiver request application and all supporting documentation when submitting this form. Untimely deposits or waiver request applications will result in a rejection of your request to contest the citation.

You will receive a notice of the time and date of the hearing via U.S. mail. There are two ways in which you may participate at the hearing:

- by giving direct testimony at an in person hearing; or
- in writing by submitting written testimony and any other documentary evidence signed under penalty of perjury no later than the date of the hearing.

DECLARATION

I declare under penalty of perjury under the laws of the State of California that my statement and all attached pages are true, correct and complete.

Signature _____ Date: _____

Name Printed _____

(Office use only)

Date deposit paid: ___/___/___ Receipt #: _____ Deposit Waived (y/n): ___ Date Waived: ___/___/___ Staff Initials: _____