



REQUEST FOR REVIEW OF ADMINISTRATIVE CITATION

Name (Appellant): _____ Citation #: _____

Mailing Address: _____

Telephone Number: _____

Address of Violation: _____

**ALL REQUESTS FOR REVIEW MUST BE FILED WITHIN THIRTY (30)
CALENDAR DAYS FROM THE DATE OF THE CITATION.**

REASON(S) FOR APPEAL: _____

Signature (Appellant) _____ Date _____

Appellant will be notified of the results of the review by first class mail.



FOR CITY USE ONLY

Date Request Received _____ Received By _____

Received via: Mail Personal Delivery Other _____

