



**CITY OF EL CAJON**  
 DEPARTMENT OF COMMUNITY DEVELOPMENT  
 ADMINISTRATIVE CITATION  
Request for Appeal Hearing

Name (Appellant): \_\_\_\_\_ Citation #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Address of Violation: \_\_\_\_\_

**ALL PENALTY AMOUNTS MUST ACCOMPANY THIS APPEAL. ALL APPEALS MUST BE FILED WITHIN TEN (10) BUSINESS DAYS FROM THE ISSUANCE DATE OF THE CITATION. PLEASE SUPPLY TWO SETS OF DOCUMENTS TO SUPPORT YOUR CLAIM, SUCH AS PHOTOS, DIAGRAMS, COPIES OF PERMITS, AND TESTIMONY OF WITNESSES.**

Amount Enclosed: \$ \_\_\_\_\_  Check  Money Order  Cash

REASON(S) FOR APPEAL:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

You are entitled to have legal representation at the Appeal Hearing.

Will you have an attorney present?  Yes  No

Number of witnesses to appear at the hearing on your behalf: \_\_\_\_\_

***I declare under penalty of perjury that the foregoing statement and information provided by me is correct.***

Signature (Appellant): \_\_\_\_\_ Date: \_\_\_\_\_

Appellant will be notified of time, date and location of the hearing by first class mail. Please mail appeal, supporting documentation, and payment to:

City of El Cajon  
 Department of Community Development  
 200 Civic Center Way  
 El Cajon, CA 92020  
 Attn: Finance

**CITY OF EL CAJON USE ONLY**

Date Appeal Received: _____	Received By: _____
Received Via: <input type="checkbox"/> Mail <input type="checkbox"/> Personal Delivery <input type="checkbox"/> Other: _____	