

Appeal Request

Administrative Penalty Date: _____ **Citation ID:** _____

Violation Address: _____

My legal interest is:

____ Homeowner ____ Property Manager ____ Other:
____ Business Owner ____ Business Manager

Appeal Fee Amount: \$500.00 _____

I submit the following facts (on page 2) to substantiate the action in reversing, modifying, or setting aside the action of the City of Sacramento.

First Name: _____ **Last Name:** _____

Mailing Address: _____ **City:** _____

Zip Code: _____ **Email:** _____

Day Phone: _____ **Eve Phone:** _____

I hereby:

- Appeal the Administrative Penalty and agree to pay the Administrative Penalty fee noted above prior to the City scheduling a date for the Appeal Hearing;
- Agree notice of any additional proceeding or an order relating to the imposition of the administrative penalty may be received by first class at the address listed above (SCC § 1.28);
- Acknowledge that if I do not proficiently speak or understand the English language, I may bring an interpreter to the hearing, at my own cost. I understand failure to make arrangements to have an interpreter present is not good cause for a continuance (SSC 1.28); and
- Agree to familiarize myself with the City of Sacramento Cannabis Administrative Penalty Appeal Hearing Rules of Procedure which can be found at:
<http://www.cityofsacramento.org/cannabis/appealhearings>.

Signature: _____ **Date:** _____

NOTE: An incomplete form will be returned to you and may result in a delay in scheduling your case before the Hearing Examiner.

Appellant's Name: _____ **Date:** _____

Please include additional pages if necessary.

<p>FOR STAFF USE ONLY:</p> <p>Operating Permit #: _____</p> <p>Business Name: _____</p>	<p>For Office Use: Date Stamp</p>
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