



**Salinas Fire Department**

*Fire Prevention Division*

65 W. Alisal Street, Salinas, CA 93901

P: 831-758-7466 F: 831-758-4257

**ADMINISTRATIVE CITATION HEARING REQUEST FORM**

Date of Notice: \_\_\_\_\_ Due Date: \_\_\_\_\_

Citation Number: \_\_\_\_\_ Penalty Amount: \$ \_\_\_\_\_

In accordance with Salinas Municipal Code Section 1-18, persons contesting an administrative citation and requesting an administrative review by a Hearing Officer, **MUST DEPOSIT CITATION PENALTY IN THE AMOUNT STATED ABOVE WITHIN 30 DAYS FROM THE DATE OF THE ADMINISTRATIVE CITATION.**

If you are financially incapable of paying the penalty amount, and Advance Deposit Hardship Waiver Application must be completed and approved before you can attend the hearing. Advance Deposit Hardship Waiver Applications are available at the Development and Engineering Services Department, 65 West Alisal Street, Salinas, CA, 93901. **YOU MUST PROVIDE PROOF OF YOUR INABILITY TO PAY THE PENALTY** when completing the Hardship Waiver Application. Payroll stubs, verification of monthly social security benefits and AFDC verification are examples of proof to your income verification.

This request form must be completed and submitted with your payment to Salinas Fire Department, Fire Prevention Bureau no later than the due date noted above. Personal check or money orders must be made payable to: City of Salinas. **PLEASE DO NOT SEND CASH.**

This request form, along with your payment or an approved Hardship Waiver Application, must be returned in order to schedule for an Administrative Hearing. The date, time, and location of the Administrative Hearing will be mailed to you.

Si desea intérprete

Other translation needed: \_\_\_\_\_

\_\_\_\_\_  
Name of Appellant (Please Print)

\_\_\_\_\_  
Address to Violation

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Date

**NOTICE: IF YOU FAIL TO SUBMIT THIS FORM WITH PAYMENT OR THE FEE WAIVER FORM, YOU WILL FORFEIT YOUR RIGHT TO AN ADMINISTRATIVE HEARING.**