Administrative Citation Hearing Request Form

Date of Citation: ____________________  Due Date: ____________________

Case Number: ____________________  Penalty Amount: ________________

Violation of Salinas Municipal Code Section(s): _______________________________________

In accordance with Salinas Municipal Code Section 1-05.08, Hearing Request, persons contesting an administrative citation and requesting an administrative review by a Hearing Officer, MUST DEPOSIT THE AMOUNT OF THE CITATION PENALTY STATED ABOVE WITHIN THIRTY (30) DAYS FROM THE DATE OF THE ADMINISTRATIVE CITATION.

If you are financially incapable of paying the penalty amount, an 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 Permit Services Division at 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 verify your income.

This request form must be completed and submitted with your payment to the Permit Services Division no later than the due date noted above. Personal checks 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 be scheduled for an Administrative Hearing. The date, time and location of the Administrative Hearing will be mailed to you.

☐ Si desea Interprete  ☐ Other translation needed ______________________________

BASIS FOR APPEAL: ____________________________
____________________________________________________________________________________
____________________________________________________________________________________

_________________________________________  ____________________________
Name of Appellant (Please Print)  Address of 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.