



**CITY OF SALINAS
FIRE PREVENTION DIVISION**

65 W. ALISAL STREET, STE 101, SALINAS, CA 93901
Office (831)758-7466 www.cityofsalinas.org



Administrative Citation Hearing Request Form

Date of Citation: _____

Due Date: _____

Case 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 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.** Such proof may be provided in the form of: Payroll stubs, verification of monthly social security benefits and AFDC or other documentation that could be used to verify your income.

This request form must be completed and submitted with your payment to the Permit Services Division prior to the due date on the Citation. Personal checks or money orders must be made payable to: CITY OF SALINAS. **CASH PAYMENT IS NOT ACCEPTED.**

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 Interpretete Other translation needed _____

BRIEFLY EXPLAIN YOUR 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.