

# SUGGESTED APPEAL FORM

## Appeal of:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Citation/Case Number)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Address of Violation)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number/Email address)

**Please include a copy of the specific order, citation, decision, or determination being appealed.**

*\*\*Please note that additional administrative fees for Code Enforcement staff time (re-inspection and/or research) may be incurred. Please refer to your original notices for more information. \*\**

Description of appellant's legal existing interest in the property, right or entitlement of the order, citation, decision, or determination being appealed (Are you the property owner, business owner, tenant, other?):

\_\_\_\_\_

\_\_\_\_\_

Brief description of the specific order, citation, decision, or determination being appealed (What are you appealing?):

\_\_\_\_\_

\_\_\_\_\_

Statement of the relief sought (What are you requesting?) **PLEASE NOTE- THE HEARING OFFICER IS PROHIBITED FROM REDUCING OR REVOKING A FINE PER FMC §1-409(g):**

\_\_\_\_\_

\_\_\_\_\_

Reasons why such relief should be granted (Why should your request be granted?):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you need an interpreter at the hearing? For what language?

\_\_\_\_\_

Estimate of the amount of time you will need to present your argument at a hearing:

\_\_\_\_\_

I declare under penalty of perjury that the facts stated in this appeal are true of my own knowledge, except as to matters which are not within my knowledge and are not of public record, and as to those matters, I believe the facts stated to be true.

Executed at \_\_\_\_\_ on \_\_\_\_\_  
(City and State) (Date)

\_\_\_\_\_  
(Signature of Appellant)

City Manager's Office <b>Attn: Michael D. Flores</b> 2600 Fresno Street Fresno, CA 93721-3601 Phone: (559) 621-7766 Fax: (559) 621-7776
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