

CITY OF CARPINTERIA
5775 Carpinteria Avenue
Carpinteria, CA 93013
(805) 684-5405 / www.carpinteria.ca.us



REQUEST FOR HEARING ON ADMINISTRATIVE CITATION

Name of Citation Recipient _____ Company Name _____

Date of Citation: _____ Due Date: _____

Citation No.: _____ Fine Amount: _____

In accordance with Carpinteria Municipal Code Section 1.06.110, any recipient of an administrative citation may contest the issuance of the citation by completing this form and returning it to the City of Carpinteria within 30 days from the date of the issuance of the administrative citation, together with an advanced deposit of the full fine amount. You shall be notified of the time and place set for the hearing at least 10 days prior to the date of the hearing. The hearing shall be held not more than 60 days from the date the request for a hearing is filed.

If you intend to request a hearing to contest the issuance of an administrative citation but are financially unable to make the advance deposit, you may file a request for an Advance Deposit Hardship Waiver Form within 30 days of the date of the administrative citation. You must provide a sworn affidavit, together with any supporting documents or materials, demonstrating your actual financial inability to deposit with the City the full amount of the fine in advance of the hearing. Examples of documents are payroll stubs, verification of monthly social security benefits, or bank statements. The deposit shall not be waived unless the Administrative Services Director approves an advance deposit hardship waiver.

This request form along with your payment or an approved Advance Deposit Hardship Waiver Form, must be returned before an Administrative Hearing will be scheduled. The date, time and location of the Administrative Hearing will be mailed to you.

This request form must be completed and submitted with your payment to the City of Carpinteria, 5775 Carpinteria Avenue, no later than the due date noted above. Personal checks or money orders must be made payable to the CITY OF CARPINTERIA.

Paid: _____ Received by: _____ Receipt No: _____ Date: _____

PLEASE MARK THE APPROPRIATE RESPONSE BELOW

- I WILL APPEAR** at the appointed time for the Administrative Hearing to present my case to the Hearing Officer.
- I WILL NOT APPEAR** to present my case and I request the Hearing Officer to review my case and submit the results by mail.

In the space below, provide a detailed account of your reasons for contesting the administrative citation. Failure to specifically identify your grounds for contesting the citation will result in this form being sent back to you for completion within the specified time frame for appealing the citation. You may attach extra sheets as needed.

NOTICE: IF YOU FAIL TO SUBMIT THIS FORM COMPLETED AS SPECIFIED ABOVE, INCLUDING GROUNDS FOR APPEAL, WITH PAYMENT OR THE FEE WAIVER FORM WITHIN 30 DAYS OF THE ISSUANCE OF THE ADMINISTRATIVE CITATION, YOU WILL FORFEIT YOUR RIGHT TO AN ADMINISTRATIVE HEARING AND YOU WILL NOT BE ABLE TO APPEAL THE CITATION AT A LATER DATE.