City of Placentia
Administrative Citation
Appeal Hearing Form

NAME: _____DATE:_____

ADDRESS:_____

CITY, STATE, ZIP:_____

TELEPHONE:_____

I request an appeal of the Administrative Citation:

Citation Number:_____

Date of Citation: _____

Location of Violation: _____

Penalty Amount Enclosed: _____ (On Front of Administrative Citation)

Placentia Municipal Code Section 1.10.070(a) requires the **CITATION PENALTY AMOUNT** indicated on the front of the Administrative Citation be submitted at the time of the appeal.

Specify the basis for the appeal in detail (Attach additional sheets if necessary):

This Form should be mailed to:
City of Placentia
P.O. Box 7275
Newport Beach, CA 92658-7275