

**HERMOSA BEACH ADMINISTRATIVE CITATION HEARING PROGRAM  
REQUEST FOR ADMINISTRATIVE HEARING**

Name: \_\_\_\_\_ Administrative Citation # \_\_\_\_\_  
Address: \_\_\_\_\_ Citation Date: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Citation Time: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Penalty Amount: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

**PLEASE READ EACH PARAGRAPH AND ACKNOWLEDGE BY INITIALING AT THE LEFT**

In accordance with Hermosa Beach Municipal Code Section 1.10.090, you may request an Administrative Hearing within 30 days of the issue date of the Administrative Citation. In order to request an Administrative Hearing, **you must pay the full amount of the penalty or claim indigence (an indigence claim form must be filed within 10 days of the issue date of the citation)** and submit a written statement of the reason for contesting the administrative citation on the Administrative Hearing Program Written Statement form.

\_\_\_\_\_  
Initial

The Administrative Hearing is your opportunity to provide defense against the facts presented on the Administrative citation. You may bring written and/or photographic documentation and witnesses to the hearing. No materials submitted will be returned. The results of the Administrative Hearing will be mailed to the address you have provided.

\_\_\_\_\_  
Initial

Administrative Hearings for the City of Hermosa Beach are scheduled on Wednesdays at an available time assigned in the Hermosa Beach City Council Chambers located at 1315 Valley Drive, Hermosa Beach, CA 90254. Administrative Hearings are conducted BY APPOINTMENT ONLY. UNSCHEDULED CASES WILL NOT BE HEARD UNDER ANY CIRCUMSTANCE.

\_\_\_\_\_  
Initial

If you will be unable to attend the Administrative Hearing, please contact the Cashiering Department at (310) 318-0217 or (310) 318-0211 at least 24 hours prior to your scheduled appointment time. If you fail to appear, you will have exhausted all rights to further appeal this citation.

\_\_\_\_\_  
Initial

**CHECK ONE:**

**I PLAN ON ATTENDING THE HEARING IN PERSON (Not available at this time due to Covid-19)**  
**I PLAN ON ATTENDING THE HEARING BY PHONE**  
**I WILL NOT ATTEND THE HEARING BUT WILL LET MY ORIGINAL STATEMENT AND PRIOR SUBMITTED EVIDENCE (IF APPLICABLE) ACT AS MY TESTIMONY**

FOR OFFICE USE ONLY

In Person   
Mailed   
Telephone   
Processor: \_\_\_\_\_

Payment Received   
Results Mailed   
Hearing Officer: \_\_\_\_\_  
Location: \_\_\_\_\_  
Hearing Date: \_\_\_\_\_

Status:  
Dismissed   
Upheld   
FTA

