

**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: _____ Email: _____

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 are 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 Revenue Services Division 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**
- 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	<input type="checkbox"/>	Payment Received	<input type="checkbox"/>	Status: Dismissed <input type="checkbox"/> Upheld <input type="checkbox"/> FTA
Mailed	<input type="checkbox"/>	Results Mailed	<input type="checkbox"/>	
Telephone Processor:	<input type="checkbox"/>	Hearing Officer:	_____	
	_____	Location:	_____	
		Hearing Date:	_____	

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WRITTEN STATEMENT

City of Hermosa Beach
Community Services Division
1315 Valley Drive
Hermosa Beach, CA 90254

Please provide a written statement as to why you are contesting the Administrative Citation. Include any material(s) (e.g. receipts, photographs, etc.) to support your statement. Attach additional sheets if necessary.

I certify that the above statement is accurate to the best of my knowledge.

Signature: _____

Date: _____