



## REQUEST FOR ADMINISTRATIVE APPEAL HEARING

To: City Clerk  
City of Modesto  
P. O. Box 642  
1010 Tenth Street  
Modesto, CA 95353  
(209) 577-5396

### WARNING!

Pursuant to MMC 1-6.502, your appeal must be filed with the City Clerk within twenty (20) calendar days from the date of service of the administrative citation, notice and order, or notice of violation.

1. Name of Appellant \_\_\_\_\_
2. Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_  
(State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_
3. Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_
4. Would like to set up a payment plan? \_\_\_\_\_
5. Case Number \_\_\_\_\_
6. Please identify the type of violation identified on the citation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What City Department issued the citation? \_\_\_\_\_
8. Why are you appealing the penalty and/or order imposed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. What facts support your contention no administrative penalty or a different penalty should be imposed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. What facts support your contention no administrative order should be issued? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE BE ADVISED** that you must attach a copy of the ticket or citation to this Request for Administrative Appeal Hearing.

**PLEASE BE ADVISED** that pursuant to Modesto Municipal Code Section 1-6.506 the hearing officer assigned to this matter may assess reasonable administrative costs associated with the hearing.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Appellant