



REQUEST FOR CODE ENFORCEMENT HEARING APPEALING AN ADMINISTRATIVE CITATION

Today's Date:	
Name:	
Address:	
City, State, Zip	
Phone:	
Alt:	
Email:	

Reason for Request/basis for your appeal (attach additional sheets if necessary):

Citation Number:	
Case Number:	
Date of Citation:	
Location of Citation:	

Payment of fine must be submitted with Request for Hearing. Please make checks payable to **City of San Juan Capistrano**. Credit card payments may also be made to the Citation Process Center at: www.citationinfo.com or by calling **1-800-969-6158**.

WARNING! Your completed request **MUST** be received within **fifteen (15) calendar days** from the issuance date of the citation (SCJMC 1-7.080). **If you need further clarification about payment or appeal of this citation please call 1-800-969-6158.**

Amount Paid: \$ _____ Paid by: Check Money Order

NOTE:

The following items **MUST** be mailed to **City of San Juan Capistrano, c/o Citation Processing Center, P.O Box 7275, Newport Beach, CA 92658:**

- A copy of the citation
- Request for Hearing form
- Check or Receipt of Credit Card Payment

You will be notified of the date, time, and location of the hearing by certified mail within **sixty (60) days** of the City's receipt of your request.

Signature

Date