



CITY OF STOCKTON  
 MUNICIPAL UTILITIES DEPARTMENT  
 2500 NAVY DRIVE  
 STOCKTON, CA 95206  
 (209) 937-8700 FAX (209) 937-8708

**ADMINISTRATIVE HEARING REQUEST FORM**

NAME \_\_\_\_\_ FACILITY ID # \_\_\_\_\_  
*(RESPONSIBLE PERSON / APPELLANT)*

MAILING ADDRESS \_\_\_\_\_ CITATION # \_\_\_\_\_ date: \_\_\_\_\_

CITY/STATE \_\_\_\_\_ CONTROL OFFICER/INSPECTOR \_\_\_\_\_  
 ZIP CODE \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_ EVENING PHONE # \_\_\_\_\_ DOLLAR AMOUNT OF FINE \$ \_\_\_\_\_

VIOLATION ADDRESS \_\_\_\_\_

PROPERTY OWNER  TENANT  BUSINESS OWNER  OTHER \_\_\_\_\_  
*(SPECIFY RELATIONSHIP TO PROPERTY)*

I HEREBY REQUEST A HEARING TO APPEAL \_\_\_\_\_  
 ON THE FOLLOWING GROUNDS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I WILL HAVE LEGAL COUNSEL PRESENT:  
 ATTORNEY'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 DAYTIME PHONE # \_\_\_\_\_

**This form must be accompanied  
 by a non-refundable  
 Administrative Hearing Fee.  
 (\$85.50 in FY15-16)**

**NOTE: CODE SEC. 13.40.260 & 1.44.070**  
**THIS APPEAL FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN TEN (10) CALENDAR DAYS FROM EITHER RECEIPT OF THE DIRECTOR'S WRITTEN DECISION REGARDING THE REQUEST FOR RECONSIDERATION, OR SERVICE OF THE NOTICE. FILING AN APPEAL DOES NOT PREVENT SUBSEQUENT CODE ENFORCEMENT ACTIONS. HOWEVER, ALL SUBSEQUENT ACTIONS WILL BE ADDRESSED AT THE HEARING AND DO NOT REQUIRE FILING ADDITIONAL APPEALS.**

**A NOTICE OF HEARING WILL BE SENT TO THE ABOVE MAILING ADDRESS TO GIVE NOTIFICATION OF THE DATE, TIME, AND PLACE SET FOR THE HEARING. IF YOU FAIL TO ATTEND THE SCHEDULED HEARING WITHOUT PRIOR WRITTEN CONFIRMATION OF RESCHEDULING, THE HEARING WILL BE HELD IN YOUR ABSENCE. ALL DECISIONS SHALL BE FINAL.**

DATED \_\_\_\_\_ (RESPONSIBLE PERSON / APPELLANT)