



**CITY OF REDDING
REQUEST FOR HEARING
ADMINISTRATIVE CITATION**
(C-110-100-400)

Date Stamp

NOTICE TO CITED PERSONS:

If you have received an Administrative Citation from the City of Redding, you have the right to contest the Citation at a public hearing before an Administrative Hearings Board. Upon receipt of the Request for a Hearing form and payment of the deposit and/or Advance Deposit Hardship Waiver, the City will notify you of the date and time set for your hearing. At the hearing, you will be given the opportunity to testify and to present evidence of the cited violation or as to whether you are the responsible party.

TO REQUEST A HEARING:

1. You must complete and return this form together with proof of payment of the total administrative fine amount listed on the Administrative Citation, by mail or in person, to the Permit Center at Redding City Hall located at 777 Cypress Avenue 1st Floor, Redding, CA 96001 within thirty (30) days of the date of the issuance of the Administrative Citation.
2. If you are financially unable to pay the total amount of the administrative fine and want to contest the Administrative Citation, you may obtain an Advance Deposit Hardship Waiver (ADHW) application from the Permit Center at City Hall. The ADHW application and all supporting documentation must be submitted to the City of Redding Finance Division within thirty (30) days from the date of the issuance of the Administrative Citation. See the ADHW application for more information.

I hereby request a hearing to contest issuance of an Administrative Citation that I have received. I certify under penalty of perjury, that the foregoing is true and correct to the best of my knowledge: (Please Print)

Name: _____ PhoneNo: _____ E-mail: _____

Mailing Address: _____ City/State/Zip: _____

Physical Address: _____ City/State/Zip: _____

Citation Number: _____ Citation Amount: _____

Issuance Date: _____ Officer Name: _____

I understand that if I fail to appear at the hearing, this failure will result in the forfeiture of my deposit of the administrative fine OR, if I have requested a Hardship Waiver and fail to pay the deposit 10 days after the date of the approval letter, I understand that will constitute a failure to exhaust my administrative remedies.

Basis of Appeal:

_____.

Name: _____ Signature: _____ Date: _____