



# REQUEST FOR HEARING

## Appeal of Administrative Citation

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address:  Same as above \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Citation Number: \_\_\_\_\_ Date of Citation: \_\_\_\_\_

Reason for Appeal:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Appellant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form along with a copy of the citation  
no later than 30 days after the date of your citation notification letter to:**

Roseville City Attorney's Office  
311 Vernon Street  
Roseville, CA 95678  
(916) 774-5325  
FAX (916) 773-7348