

Administrative Citation Appeal Form

Request For Hearing



Name	Email	Phone
Address	City	Zip
Mailing Address (if different from above)	City	Zip
Citation Number	Date of Citation	

Reason for appeal?

(Include all information to support your appeal here. Continue on second page if needed.)

Signature of Appellant

Date

Please mail or personally deliver this form within 30 days after the date of the citation notification letter to the Roseville City Attorney's office located at:

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

Forms received later than 30 days after the date of the citation notification letter will not be accepted pursuant to Roseville Municipal Code § 2.50.060.

Reason for appeal continued...