



CITY OF GARDEN GROVE
ADMINISTRATIVE CITATION
APPLICATION FOR
HEARING REQUEST

Submit form to:
Citation Processing Center
PO Box 7275
Newport Beach, CA 92658-7275

DATE STAMP

APPELLANT INFORMATION:

Name: _____ Date: _____

Residence Address: _____

Mailing Address _____

Phone _____ Email: _____

I am requesting an appeal of the Administrative Citation shown below:

Citation Number _____ Date of Citation _____

Location of Violation: _____

Reason for Request of Hearing:

- Violation did not occur Violation(s) described does not exist
 Not responsible for violation(s) listed Fine is disproportionate to violation
 Do not own, possess, or control property where violation exists (except for non-property related violations)
 Other (briefly describe) _____

CHOICE OF TYPE OF HEARING:

- In-Person at designated meeting room Via Zoom Written by Written Declaration

If choosing a hearing conducted via Zoom, or by Written Declaration, I hereby waive my right to an In-Person hearing.

Signature _____

FINE INFORMATION:

Advanced Deposit of Fine Amount Enclosed: _____ (Fine must accompany this hearing request)

I am fling for a Hardship Waiver of Advanced Deposit of Fine YES NO

(If yes, this form must be accompanied with the Hardship Waiver of Advanced Deposit of Fine form)

I hereby certify under penalty of perjury that I have read and understand the above statements, and that the information provided above is true and correct to the best of my knowledge and ability.

Signature _____ Date _____

Printed Name _____ Title _____

OFFICE USE ONLY:

Application received within 30 days?

YES NO

Hardship Waiver of Advanced Deposit Application Submitted?

YES NO

Hardship Granted?

YES NO

Hearing Granted

YES NO PENDING

Case Number: _____

Issuing Officer: _____