



City of Hesperia Code Enforcement

APPEAL OF ADMINISTRATIVE CITATION TO ADMINISTRATIVE HEARING OFFICER

Date: _____ (Date Filed With City) Case Number: _____
Fee: _____ (\$25.00) Issuing Officer: _____
Receipt #: _____

Site Address: _____
APN#: _____

Property Owner Name: _____
Mailing Address: _____
Phone #: _____

Tenant Name: _____
Mailing Address: _____
Phone #: _____

Applicant Name: _____
(If not listed above) Mailing Address: _____
Phone#: _____

**** If you do not receive mail at your physical address, please include the address where you receive your mail.**

I hereby appeal the fees at the above referenced address for the following reason(s):

(Describe what is being appealed and what action or change you seek, be specific and attach any support documents.)

I/We hereby certify that I/We are the Appellant(s) and that the foregoing statement, in all respects, is true and Correct.

(Print Name)

(Signature)

(Print Name)

(Signature)

(Print Name)

(Signature)

*The City of Hesperia does not provide an interpreter.
**Individuals requiring an interpreter will need to provide their own.