



CITY OF HOLLISTER

ADMINISTRATIVE CITATION REQUEST FOR HEARING FORM

In the matter of a proceeding before
the City of Hollister re:

Name: _____

Citation #: _____

Date of Citation: _____

Violation: _____

Total Administrative Penalty: _____

Note: A request for hearing must be filed within 30 days of the date of citation and must be accompanied by deposit of the administrative penalty or a waiver of advance deposit. HMC 1.18.060, 1.18.070.

1. I, _____, request a hearing on the Administrative Citation issued in this matter for the following reasons:

2. I have made an advance deposit of \$_____, the full amount of the administrative penalty.

OR

I have received the attached waiver of advance deposit because of my financial hardship.

3. _____ I have corrected **OR** _____ I have not corrected the violation(s) shown on the Administrative Citation.

Date: _____

Signature: _____