

City of Rosemead Public Safety Department

REQUEST FOR APPEAL OF ADMINISTRATIVE CITATION
8301 East Garvey Avenue, Rosemead CA 91770

Appellant Name: _____

Mailing Address: _____

City, State, Zip: _____

Contact Telephone: _____

Citation Number: _____ Citation Date: _____

Penalty Amount Enclosed: \$ _____ (amount is on front of the Administrative Citation)

Appeals must be filed within thirty (30) days of the date the citation was issued. The time requirement for filing a request for hearing shall be deemed jurisdictional and may not be waived. Specify the basis for the appeal in detail (you may use and attached additional sheets as necessary).

Prepayment of the full amount of the penalty is required to file this appeal. Payment may be in the form of a cashier's check, money order, or personal check payable to the City of Rosemead. The payment and this form are to mailed together to:

City of Rosemead
C/O Citation Processing Center
P.O. Box 7275
Newport Beach, CA 92658
(800) 969-6158

A credit card payment may also be made on-line at www.CitationProcessingCenter.com
Or by calling (800) 969-6159

Any Administrative Citation penalty that has been deposited shall be refunded if it is determined, after a hearing, that the person or entity charged with the violation was not responsible for the violation or that there was no violation as charged in the Administrative Citation. If you believe you are unable to deposit the fine amount at the time of the filing the notice of appeal, you may request an advance deposit hardship waiver form. This form can be picked up at the Public Safety Department, 8301 East Garvey Avenue, Rosemead. For office hours please call (626) 569-2292. If approved, this form must be mailed with the written notice of appeal within 21 calendar days of the issuance of the citation to the address above.

I hereby request a hearing before a hearing officer on this citation.

Signed: _____

Date: _____