



**City of Mountain View Police Department**  
**ADMINISTRATIVE CITATION**  
**Request for Hearing**

Case No.: \_\_\_\_\_ Date of Citation: \_\_\_\_\_

Name (Appellant): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

***ALL REQUESTS FOR HEARINGS MUST BE PRECEDED BY A FINDING AFTER AN ADMINISTRATIVE REVIEW. ALL HEARING REQUESTS MUST BE FILED WITHIN THIRTY (30) DAYS FROM THE DATE THE ADMINISTRATIVE REVIEW FINDING WAS ISSUED.***

You are entitled to have legal representation at the appeal hearing.

Will you have an attorney present?  YES  NO

Number of witnesses to appear at the hearing on your behalf: \_\_\_\_\_

I declare, under penalty of perjury, that the foregoing statement and information provided by me is correct.

\_\_\_\_\_  
 Signature (Appellant) \_\_\_\_\_  
 Date

**Appellant will be notified of time, date and location of the hearing by first-class mail. Hearings will be scheduled no less than fifteen (15) days and not more than sixty (60) days from the date of the notice of hearing.**

**Pursuant to the City Code, the hearing officer may assess administrative costs against the violator from the date on which compliance was ordered. The administrative costs may include any and all costs incurred by the City in connection with the matter before the hearing officer, including, but not limited to, costs of inspection, investigation, staffing costs incurred in preparation for the hearing and for the hearing itself, and costs for all reinspections.**

**Please mail appeal to:**

**City of Mountain View Police Department  
 1000 Villa Street  
 Mountain View, CA 94041  
 ATTN: Administrative Citations**

<b>FOR OFFICIAL USE ONLY</b>
Date Appeal Received: _____ Received by: _____
Received via: <input type="checkbox"/> Mail <input type="checkbox"/> Personal Delivery <input type="checkbox"/> Other _____
<b>FORWARD TO: PSU</b>