

ADMINISTRATIVE CITATION PROGRAM REQUEST FOR ADMINISTRATIVE HEARING

THIS FORM AND ANY ATTACHMENTS MUST BE RECEIVED NO LATER THAN FOURTEEN (14) CALENDAR DAYS FROM THE DATE OF YOUR INITIAL REVIEW OUTCOME NOTICE.

ADMINISTRATIVE CITATION NO:		DATE ISSUED:	
NAME OF CITED PERSON:		FINE AMOUNT: \$	
MAILING ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHONE NUMBER: ()	EMAIL ADD	RES:	
Please complete this form if you are rethan one Administrative Citation, you An Administrative Hearing may not Administrative Citation has been composite that the Administrative Citation	must complete a sep be scheduled unle pleted, and you have	parate form for each Administrative of ess your Request for Initial Review	Citation. v of the
This Administrative Hearing Requedate of your Initial Review Request		turned within fourteen (14) days f	rom the
You must pay an advance deposit of the an Administrative Hearing UNLESS requesting a waiver of the requirement financial hardship, you must submit a Financial Hardship Waiver Request Formula on the www.cityoflancasterca.gov/accalling (661) 723-6020.	you are granted an to pay the advance a completed Requestorm. The Financial ledite, at the Department	Advanced Deposit Fine Waiver. If deposit of the Administrative Fine but for Advance Deposit Fine Waive Hardship Waiver Request form can be	you are based on or on the be found
Please check ONE of the following by THIS IS A FORMAL REQUEST F		TRATIVE HEARING	
1. I have included the advance	ce deposit of the Adı	ministrative Fine in the amount of:	
\$or money order payable to the	•	unless paid at the City Counter. Send include citation number.)	d check
	-	e Administrative Fine and request a francial Hardship Waiver Request form	
Signature:	Date	::	

Submit this form and any additional documents via hand delivery, mail, or email to:

City of Lancaster c/o Administrative Citation Program 44933 Fern Avenue Lancaster, CA 93534 adcite@cityoflancasterca.gov

You may also complete and submit the form online at www.cityoflancasterca.gov/adcite.

ADMINISTRATIVE HEARING REQUESTS MUST BE RECEIVED NO LATER THAN FOURTEEN (14) CALENDAR DAYS FROM THE DATE OF YOUR INITIAL REVIEW OUTCOME NOTICE. Make copies of your documents. All documents filed with this form shall become property of the City and part of the case file.

Please contact the City Clerk's Office at (661) 723-6020 or at adcite@cityoflancasterca.gov if you require additional information about your citation or the Administrative Citation Program. The Administrative Citation Program Policies and Procedures can be found at www.cityoflancasterca.gov/adcite.

ADA ACCOMMODATIONS

The City does not discriminate on the basis of disability and upon request will provide reasonable accommodations to ensure equal access to its programs, services, and activities under Title II of the Americans with Disabilities Act (ADA).

If you require a reasonable accommodation due to a disability, please contact:

Meg Watkins ADA Coordinator (661) 723-6187 ada@cityoflancasterca.gov

LEGAL ASSISTANCE

The following resources may help you find an attorney to help with your citation:

Public Counsel – Consumer Rights and Economic Justice Project 610 S. Ardmore Ave. Los Angeles, CA 90005 (213) 385-2977 ext. 700

https://publiccounsel.org/services/debt-collection-foreclosure-fraud/

You may find more legal aid and non-profit agencies at https://www.LawHelpCA.org.