

ADMINISTRATIVE CITATION PROGRAM REQUEST FOR INITIAL REVIEW

THIS FORM AND ANY ATTACHMENTS MUST BE RECEIVED NO LATER THAN FOURTEEN (14) CALENDAR DAYS FROM THE DATE THE CITATION WAS ISSUED.

Please Print or Type	e:		
	Citation Number (Please attach a copy of a	Date Issued the citation if possible)	Lancaster Municipal Code Section(s)
Name of Person Cited/Responsible Person		Telephone Number	Email Address
Mailing Address of	Person Cited/Responsible P	Person City & State	Zip Code
Please provide an	explanation of why you be	lieve the citation should	not have been issued:
(Attach additional p	pages if needed and any doc	umentary evidence that su	pports your explanation.)
decision or an Abili Request. The Fina	ty-to-Pay Determination due	to financial hardship, pleauest form and procedur	nce Deposit Fine Waiver to appeal the ase submit a Financial Hardship Waiver es can be found at the Public Safety dcite.
Signature			

CONTINUED ON NEXT PAGE

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.

INITIAL REVIEW REQUESTS MUST BE RECEIVED NO LATER THAN FOURTEEN (14) CALENDAR DAYS FROM THE DATE THE CITATION WAS ISSUED. 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 additionalinformation 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 Compliance Coordinator
City of Lancaster
(661)723-6187
ada@cityoflancasterca.gov.

Services such as larger print copies of the Initial Review form or assistance in completing the Initial Review form are available. Please make your request at least 72 hours prior to any deadlines.

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.