

**COUNTY OF SACRAMENTO
COMMUNITY DEVELOPMENT DEPARTMENT
CODE ENFORCEMENT DIVISION
NOTICE OF PUBLIC NUISANCE VEHICLE ABATEMENT APPEAL**

Instructions

To have your appeal considered, the attached "*Notice of Appeal*" form must be properly and completely filled out and submitted with a \$700.00 appeal hearing fee deposit. If you are successful in your hearing, your deposit will be refunded. If you are unsuccessful, additional charges may be billed.

Submit your request to Sacramento County Code Enforcement, 10481 Armstrong Ave Ste. 110, Mather CA 95655 or by FAX (916) 874-8409 or by e-mail codeappeals@saccounty.gov. Attach a copy of the Notice of Intent to Abate and Remove Public Nuisance Vehicle to your request.

If you have any questions concerning the appeal process, please contact Code Enforcement at (916) 874-6444.

**COUNTY OF SACRAMENTO
COMMUNITY DEVELOPMENT DEPARTMENT
CODE ENFORCEMENT DIVISION
NOTICE OF PUBLIC NUISANCE VEHICLE ABATEMENT APPEAL**

Case No: _____

1. NAME AND LEGAL INTEREST. List the name of each person participating in this appeal followed by a brief statement setting forth the legal interest (such as owner, lien holder, tenant, etc.) of that person in the vehicle described in the Notice of Intent to Abate and Remove Public Nuisance Vehicle.

Name	Legal Interest
_____	_____
_____	_____
_____	_____

(Please attach an additional sheet with the names and legal interests of additional individuals participating in this appeal, if additional space is necessary and label the additional information as referring to paragraph number (1) one.)

2. BASIS FOR APPEAL. Describe the action taken by the County being protested by this appeal. State briefly, in concise language, the material facts which you claim support your contentions.

Describe: _____

Facts: _____

(Please attach an additional sheet if additional space is necessary and label the additional information as referring to paragraph number (2) two.)

3. RELIEF SOUGHT. State briefly, in concise language, the relief sought and the reasons why you claim the action of the County should be reversed, modified, or otherwise set aside.

Relief: _____

Reasons: _____

(Please attach an additional sheet if additional space is necessary and label the additional information as referring to paragraph number (3) three.)

4. SIGNATURE, MAILING AND E-MAIL ADDRESS, AND DAYTIME TELEPHONE NUMBER. Each person participating in this appeal must sign this form and provide their mailing address, including zip code. Please also provide an e-mail address and daytime telephone number where each person may be reached.

Signature:

Mailing & E-mail Address, Daytime Phone Number

(Please attach an additional sheet if additional space is necessary and label the additional information as referring to paragraph number (4) four.)

5. VERIFICATION: At least one person participating in this appeal must execute the following verification as to the truth of the matters stated above.

I/We, the undersigned, declare under penalty of perjury, under the laws of the State of California, that the foregoing statements are true and correct, and that this declaration is executed this _____ day of _____, 20____ at the City of _____, County of _____, in the State of _____.

STAFF USE ONLY

DATE APPEAL AND FEE SUBMITTED: _____

APPEAL BODY: CALIFORNIA HEARING OFFICER

TENTATIVE HEARING DATE: _____