## COUNTY OF SACRAMENTO COMMUNITY DEVELOPMENT DEPARTMENT CODE ENFORCEMENT DIVISION NOTICE OF ADMINISTRATIVE PENALTY 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 Administrative Penalty 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 ADMINISTRATIVE PENALTY APPEAL

Administrative Penalty 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 building or property described in the Administrative Penalty.
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.)
<b>2. BASIS FOR APPEAL</b> . 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.)
<b>3. RELIEF SOUGHT</b> . 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:
Decemen
Reasons:

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

person participating in this appeal must sign this	form and provide their mailing address, including zip daytime telephone number where each person may
Signature:	Mailing & E-mail Address, Daytime Phone Number
verification as to the truth of the matters stated about I/We, the undersigned, declare under penalty of put the foregoing statements are true and correct, and	icipating in this appeal must execute the following ove.  Derjury, under the laws of the State of California, that it that this declaration is executed this day, County of, in the
STAFF	USE ONLY
DATE APPEAL AND FEE SUBMITTED:	
APPEAL BODY: CALIFORNIA	HEARING OFFICER
TENTATIVE HEARING DATE:	