
BUSINESS COMPLIANCE DIVISION APPEAL
REQUEST FORM

I hereby appeal the Administrative Penalty relative to CASE# _____, for the property located at: _____ and **agree to pay the Appeal Fee** {per City Code Title 1.28) prior to the City scheduling a date for the Appeal Hearing.

_____ **Vacant Lot Appeal \$50**

_____ **Vacant Lot Monitoring Fee Appeal \$100**

My legal interest in this property is:

_____ Owner _____ Beneficiary _____ Other: _____

I submit the following material facts to substantiate action in reversing, modifying, or setting aside the action of the City of Sacramento: _____

I hereby certify under penalty of perjury that the information submitted in the appeal is

true. Print Name:

Signature:

Address:

Date: _____

Phone: (____) _____ - _____

City: _____

Email: _____

State: _____ Zip: _____

NOTE: If this form is received incomplete, it will be returned to you and may result in a delay in scheduling your case before the Hearing Examiner.

Accounting Information:

ACCOUNT: 351020

OPERATING UNIT: 21000

FUND: 1001

DEPARTMENT: 21001314

PROGRAM CODE: 21176