CITY OF POWAY

NOTICE OF APPEAL

and

REQUEST FOR HEARING

***NOTE**: You may complete this form on your computer, but you must then print it and bring it in person to the address below, along with your deposit.*

CITY OF POWAY
Customer Services Division
13325 Civic Center Drive, First Floor
Poway, CA 92064

ATTENTION: Administrative Hearing Officer

I hereby appeal Citation No. _____.

It is my desire to contest this Citation before an Administrative Hearing Officer.

This appeal must be filed within TEN (10) DAYS from the issuance date on the Administrative Citation.

In order to process this appeal **the amount of the fine on the citation must first be deposited** with the Customer Services Division of the City of Poway along with this NOTICE OF APPEAL, or a hardship affidavit must accompany this Notice of Appeal.

☐ My Deposit is made with this Notice in the sum of $_____.

☐ My Hardship affidavit is filed with this Notice.

_____
Today's Date

_____
Name of Appellant (Please Print)

_____
Signature of Appellant

Telephone_____

Address_____
Street Apt. No. City Zip Code