CITY OF INGLEWOOD

Development Services Department
Code Enforcement Division

Christopher E. Jackson, Sr.
Director

Jerry Tucker
Code Enforcement Manager

REQUEST FOR HEARING-ADMINISTRATIVE CITATION
I.M.C. § 11-96.7

This request form, along with your payment or an approved Fee Waiver Request Form, must be returned in order to be scheduled for an Administrative Hearing. You will be notified by mail of the date, time, and location of the Administrative Hearing at least ten (10) days before the date and time you are scheduled to appear.

In accordance with Inglewood Municipal Code Section 11-96.7, persons contesting an Administrative Citation and requesting an administrative review by a Hearing Officer, **is required to deposit the amount of the penalty set forth in the Notice of Violation on or before the due date.**

If you are financially incapable of paying the penalty amount, **Fee Waiver Request Form** must be completed and approved before you can attend the hearing. **Fee Waiver Request Forms** are available at the Customer Service Section of the Finance Department located on the first floor of City Hall, One W. Manchester Blvd., Inglewood, California, 90301. **You must provide proof of your inability to pay the penalty** when completing the Fee Waiver Request Form. Payroll stubs, verification of monthly social security benefits, and AFDC verification are examples of proof to validate your income.

This request must be completed and submitted with your payment to the City of Inglewood, no later than the due date indicated on the Notice of Violation. Personal Checks or Money Orders are to be made payable to: **CITY OF INGLEWOOD.**

To proceed with the Request for an Administrative Hearing, please complete this form and submit it along with the amount of the penalty, or approved fee waiver form to a Customer Service Representative of the Finance Department.

Name: _____

Mailing Address: _____

Telephone No: _____

Citation Location: _____

Due Date: _____ **Penalty Amount:** _____ **Citation #:** _____

Reason for Hearing: _____

_____

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Penalty Received ( ) **Fee Waiver Received ( )** **Initials:** _____

CODE ENFORCEMENT DIVISION