CITY OF WINTERS california Est. 1875

CODE COMPLIANCE UNIT
702 Main Street, Winters, CA. 95694
Office (530) 795-2261| Fax (530) 795-3921
Email: code.compliance@winterspolice.org

NOTICE OF ADMINISTRATIVE CITATION APPEAL AND REQUEST FOR HEARING

Instructions: Please file this form with the City Clerk at 318 First St Winters CA 95694 **within 30 days** from the issuance of the administrative citation/ date of the decision you are appealing. This form must be accompanied by a copy of the administrative citation and deposit of any fine (unless request for advance deposit hardship waiver has been indicated).

Contact Information	
Name (First and Last)	
Mailing address	
Phone Number	

Please specify the basis for your appeal in detail (additional sheets may be attached)

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☐ **I have previously completed at request for advance deposit/ hardship waiver (please see attached)**

By my signature below, I declare under penalty of perjury that the foregoing statement and information provided by me is true and correct.

Signature: _____ Date: _____