



CITY OF PICO RIVERA

COMMUNITY ECONOMIC DEVELOPMENT DEPARTMENT
NEIGHBORHOOD IMPROVEMENT DIVISION
6615 PASSONS BLVD.
PICO RIVERA, CA 90660
(562) 801-4413
www.pico-rivera.org

REQUEST FOR ADMINISTRATIVE HEARING

This is a request for an administrative hearing to contest a citation you have received. You MUST do the following:

1. Complete the "Request for Administrative Hearing" form and return it to the City Clerk's Office located at the City of Pico Rivera, 6615 Passons Blvd., Pico Rivera, CA 90660.
2. Provide one of the following when submitting your application:
 - a. Pay entire amount of citation.
 - b. Submit a completed "Financial Hardship" form and provide all documentation necessary. Please note Document submittal does not indicate hardship approval.
3. File this application no later than ten (10) days from the date of service of the citation.

Only after the request is filed and the Responsible Person requesting the hearing has: 1) paid the administrative fine in full or obtained City approval of Financial Hardship, shall the City set a hearing date and time. The hearing shall be set for a date not less than fifteen (15) days nor more than sixty (60) days after the Request for Administrative Hearing form is submitted. The City shall send notice of the date, time and place of the hearing to the Responsible Person requesting the hearing via certified mail return receipt at least ten (10) days before the date of the hearing.

Fines paid for citations that are rescinded will be refunded.

Citation #: _____ Date of Citation: _____ Citation issued by: _____

Amount of Citation (Administrative Fine): \$ _____

Name of Responsible Person: _____

Address of violation: _____

City/State: _____ ZIP Code: _____

Mailing Address (if different from above)

Number and Street: _____

City/State: _____ ZIP Code: _____

Contact telephone number: _____

Please present evidence or a compelling reason why an administrative hearing should be held:

Signature _____

Date _____

OFFICE USE ONLY

Criteria 1, 2, and 3, have been met? ☐ YES ☐ NO Application accepted by: _____ Date: _____

REQUEST FOR HEARING: ☐ GRANTED ☐ DENIED

Neighborhood Improvement Division Manager _____

Date _____