



CITY OF LONG BEACH

DEPARTMENT OF PARKS, RECREATION AND MARINE

7700 E. Spring St. * Long Beach, CA 90815 * (562) 570-7387 * FAX (562) 570-3053



Animal Care Services Bureau

NOTICE OF REQUEST FOR ADMINISTRATIVE CITATION APPEAL AND HEARING ONLY person(s) issued the administrative citation may request an Appeal Hearing

BE ADVISED. An Appeal Request must be received no later than 30 calendar days from the date of citation issuance and must be accompanied with the advance deposit of the full citation amount. Requesting an appeal does not relieve the cited party from the requirement to pay fines for outstanding violations.

Citation No(s):	Citation Date(s)
Location of Violation:	Violation(s)
Cited Party:	Phone No: ()

Mailing Address:

Please explain your reason for believing this citation(s) was issued in error:
Check Boxes I am not the person responsible for the cited violation
 The violation did not occur on the date and/or at the location the citation was issued

I understand the hearing on appeal is limited to relevant evidence as to those grounds indicated above. I declare under penalty of perjury that I am the cited party and the foregoing statement and information provided by me is true and correct.

Signature: _____ Date: _____
Cited Party(s)

Print: _____

HEARING PAYMENT & CONTACT INFORMATION

- 1. An advance deposit in the amount of the full citation fine, with the request for appeal, must be received no later than thirty (30) calendar days of the citation date.**
- 2. An Appeal Hearing shall be scheduled for a date not sooner than twenty-one (21) calendar days and not more than sixty (60) calendar days from the date the Request For Hearing was submitted.**
- 3. If you are unable to pay the advanced deposit, you may request an advance deposit hardship waiver within thirty (30) calendar days of the citation date.** You must review and sign the qualifications on the back of this form. Any form submitted without all proper documentation will be denied.

Mail form and payment to: Long Beach Animal Care Services Bureau
Administrative Citation Processing
7700 E. Spring Street
Long Beach, CA 90815
Phone: (562) 570-PETS(7387)
Fax: (562) 570-5053



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ADMINISTRATIVE CITATION APPEAL HEARING ADVANCED DEPOSIT HARDSHIP WAIVER QUALIFICATIONS

REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER FOR APPEAL HEARING (Due within thirty(30) calendar days of citation date with all supporting documentation)

Total Number of Dependents: _____

Social Security No.: _____

The information you provide will assist the City in deciding whether you qualify for a waiver of advance deposit for your hearing request

The waiver program is **VOLUNTARY**. If you choose to apply, **YOU MUST PROVIDE THE INFORMATION REQUESTED**. *Failure to provide sufficient information will result in a determination of ineligibility for this waiver.*

PROOF OF INCOME DOCUMENTATION

You *MUST* include a copy of your current Federal Income Tax Return (Form 1040, 1040A) and copies of all the following that apply for the individual(s) cited.

The following forms of income verification are also accepted:

1. 2009 Letter 1722 from the IRS for non-income adults, 1-800-829-1040
2. 2009 Verification of Social Security Benefits (SSA), 1-800-772-1213
3. 2009 Verification of Supplemental Security Income (SSI), 1-800-772-1213
4. 2009 Welfare or general Assistance eligibility (Notice of Action / Income Verification)
5. 2009 Documentation of Unemployment for Employment Development Department (EDD), 1-408-436-5600

GENERAL QUALIFICATIONS

The Deposit Waiver Request shall be filed together with the Request For Appeal Hearing within thirty (30) calendar days from the date the administrative citation was served or deemed to have been served.

- The Deposit requirement as described in Subsection A of Section 6.16.350 of the Long Beach Municipal Code shall be stayed unless or until the Director or Designee makes a determination regarding the waiver request.
- If the Director or Designee declines to issue a waiver, the Cited Party shall remit the full deposit amount to the City of Long Beach, Animal Care Services Bureau as indicated on the citation within ten (10) calendar days of the date of that denial decision, or thirty (30) calendar days from the date the citation was served or was deemed to have been served, whichever is later.
- **The Determination of the Director or Designee is final.**

I declare under penalty of perjury that the foregoing is true and correct, I am financially unable to deposit with the City of Long Beach, Animal Care Services Bureau the full amount of the fine in advance of the Administrative Citation Appeal Hearing.

Signature: _____ Date: _____

Cited Party(s)

Print: _____

FOR OFFICE USE ONLY (Below)

Deposit Waiver: Granted Denied

Reason for Denial: _____

Signature: _____ Date: _____

Print: _____