APPEAL OF ADMINISTRATIVE CITATION

City of Del Mar
1050 Camino Del Mar
Del Mar, CA 92014
(858) 755-9313

Name (Appellant): _____ Citation # _____

Mailing Address: _____

Email Address: _____ Cell Number: _____

Home Number: _____ Work Number: _____

ALL APPEALS MUST BE SUBMITED IN WRITING AND ACCOMPANIED BY THE FINE AMOUNT WITHIN 15 CALENDAR DAYS OF THE DATE THE CITATION WAS WRITTEN.

Amount enclosed: $ _____ **(Circle one)** Check Money Order Cash Credit Card

Written Response for Appeal:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature (Appellant) _____ Date_____

Appellant will be notified of time, date and location of the hearing within ten (10) calendar days.

For Office Use Only

Date Appeal Received: _____ Receipt # _____

Acct # 01.4800.4891 (Misc. Rev.)