

NAME OF HEARING OFFICER: JAMES BUTZBACH	FOR STAFF USE ONLY <input type="checkbox"/> IN PERSON HEARING <input type="checkbox"/> HEARING BY DECLARATION APPEAL DUE DATE: _____ DATE FORM MAILED/SUBMITTED/EMAILED: _____ DATE RECEIVED: _____
MAILING ADDRESS: 100 CIVIC CENTER MALL	
CITY AND ZIP CODE: INDIO, CA 92201	
<div style="text-align: center; font-weight: bold; font-size: 1.2em;">CITY OF INDIO</div> <div style="text-align: center; margin-top: 10px;">VS.</div> <div style="margin-top: 20px;">DEFENDANT:</div>	
REQUEST FOR ADMINISTRATIVE CITATION HEARING (INDIO MUNICIPAL CODE, § 11.06)	
CITATION NUMBER:	
CASE NUMBER:	

REQUEST FOR ADMINISTRATIVE CITATION HEARING

- ☐ In Person.
☐ via Written Declaration.
1. I am requesting a hearing
 2. The facts contained in the Declaration of Facts on the reverse are personally known to me and are true and correct.
 3. **EVIDENCE** The following evidence supports my case and includes everything I want the hearing officer to consider in deciding my case:

a. <input type="checkbox"/> photographs (specify total number):	e. <input type="checkbox"/> diagram
b. <input type="checkbox"/> registration documents	f. <input type="checkbox"/> repair receipts
c. <input type="checkbox"/> property ownership documents	g. <input type="checkbox"/> insurance documents
d. <input type="checkbox"/> inspection documents	h. <input type="checkbox"/> other (<i>specify</i>):
 4. **VIOLATIONS CONTESTED** (*Type or print only. List which cited violations you are contesting and a brief explanation of why you contest liability for the violation.*)

(Declaration continued on reverse)

CITY OF INDIO V. DEFENDANT (Name):	CASE NUMBER:
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5. DECLARATION OF FACTS (Type or print only. State what happened and explain all the items of evidence you checked in item 3 on the reverse and tell how they support your case. You may add additional pages.)

(Name):

(Current mailing address):

(Property interest):

STATEMENT OF FACTS (Begin here):

6. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Date:

..... X
 (TYPE OF PRINT NAME) (SIGNATURE)

TO SUBMIT FORM BY MAIL: THE CITY OF INDIO CITATION PROCESSING CENTER P.O. BOX 7275 NEWPORT BEACH, CA 92658-7275	TO SUBMIT FORM IN PERSON: INDIO POLICE DEPARTMENT 46800 JACKSON STREET INDIO CA 92201	TO SUBMIT FORM BY EMAIL: CODEENFORCEMENT@INDIOPD.ORG
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