

## City of Newport Beach PO Box 1768, Newport Beach, CA 92658-8915 REQUEST FOR ADMINISTRATIVE HEARING

Please print or type in <b>BLACK</b> ink only. A complete main	iling address is required.
Name:	Citation Number:
Address:	Telephone #
City/State/Zip:	Email
REQUEST FOR HEARING ACCORDING TO CA	HAPTERS 1.05 AND 10.66 OF THE NEWPORT BEACH MUNICIPAL CODE
	Municipal Code, I request an Administrative Hearing on the enclosed the fine due in the amount of \$
	u are contesting or you can attach a written statement. BLACK ink only.
I declare under penalty of perjury under the laws of is true and correct to my knowledge. I understan	of the State of California that the foregoing (including any attachment(s)) d any statements made herein will be verified.
Driver License: St/Number Date OR Social Security Number	Signature
Form and payment MUST be received by the THIS SECTION WILL BE COMPLETED BY THE CITY OF NEWPORT	Revenue Division within 30 days of citation/correction date.
The City of Newport Be	ach has granted your request for a hearing.
Hearing scheduled for	(date) and(time).
100 CIVIC CENTE	VILL TAKE PLACE AT CITY HALL OR DR, NEWPORT BEACH, CA 92660 OF SERVICE CONFERENCE ROOM
	nding your assigned hearing date and time by 5:00 pm on vill result in the hearing being canceled. Hearings that have not been tunity to appeal will be forfeited.
the hearing date to request a continuance. You	hearing date and time, you <b>must</b> contact the Revenue Division prior to may request the continuance by phone by calling 949-644-3141 or in Beach CA 92660, Bay A, Customer Service Center. <i>Please be advised</i>
FOR OFFICE USE ONLY	
Date received: Fax:	US Mail:
Customer notified form was received	