



CITY OF NEWPORT BEACH
 REVENUE DIVISION
 100 CIVIC CENTER DRIVE • P.O. BOX 1768
 NEWPORT BEACH, CA 92658-8915
 T: (949) 644-3141 F: (949) 644-3073

REQUEST FOR ADMINISTRATIVE HEARING

Please print or type in **BLACK** ink only. A complete mailing address is required.

Name: _____ Citation Number: _____

Address: _____ Telephone #: _____

City/State/Zip: _____ Email: _____

REQUEST FOR HEARING ACCORDING TO CHAPTERS 1.05 AND 10.66 OF THE NEWPORT BEACH MUNICIPAL CODE

Under provisions of above Newport Beach Municipal Code, I request an Administrative Hearing on the business, file, or citation listed above. I have enclosed the fine due in the amount of \$ _____ as a prerequisite of this request.

Please provide a brief statement below of why you are contesting or you may attach a written statement. **BLACK** ink only.

I declare under penalty of perjury under the laws of the State of California that the foregoing (including any attachment(s)) is true and correct to my knowledge. I understand any statements made herein will be verified.

 Driver License: St/Number _____ Date _____ Signature _____
 OR Social Security Number _____

Form and payment MUST be received by the Revenue Division within 21 days of citation date

THIS SECTION WILL BE COMPLETED BY THE CITY OF NEWPORT BEACH.

The City of Newport Beach has granted your request for a hearing.

Hearing scheduled for _____ (date) at _____ (time).

**HEARINGS WILL TAKE PLACE AT CITY HALL
 100 CIVIC CENTER DR., NEWPORT BEACH, CA 92660
 FIRST FLOOR, BAY A**

You MUST call to confirm that you will be attending your assigned hearing date and time by 5:00 pm on _____. Failure to confirm your scheduled hearing date will result in the hearing being canceled. Hearings that have not been confirmed will not be rescheduled and your opportunity to appeal will be forfeited.

FOR OFFICE USE ONLY

Date received: _____
 Counter: _____ Email/Fax: _____ US Mail: _____

Customer notified form was received: _____