

TOWN OF CORTE MADERA

REQUEST FOR HEARING ON ADMINISTRATIVE CITATION

Request must be returned by mail or in person within 30 days of the Date the Citation was Issued to the Town Clerk's Office, 240 Tamal Vista Blvd., Ste. 110, Corte Madera, CA 94925.

Name: _____ Citation No: _____ Citation Issue Date: _____

Address: _____ Phone: _____

I hereby request an administrative hearing to contest the administrative citation issued to me. I am contesting this administrative citation for the following reasons (If you need more room, attach another sheet):

I have submitted the full amount of the citation as a required advance deposit in the amount of:
\$_____

I am filing an Advanced Hardship Waiver with supporting financial documentation which accompanies this Request for Hearing.

Signature of Contesting Party: _____ Date: _____

For Town Use Only:

Received _____ Postmark Date _____ Referred to _____

Request Denied: _____ *Not timely (More than 30 days after the Citation Issue Date)
_____ *Insufficient Deposit

Reviewed By: _____

Reviewing Signature: _____