

For Office Use Only



# City of Hollister

Development Services

Code Enforcement Department

60 Airport Dr

Hollister, CA 95023

Ph: (831) 636-4365 Fax: (831) 636-4366

## ADMINISTRATIVE HEARING REQUEST

Date: \_\_\_\_\_

I hereby request an Administrative Hearing pursuant to City of Hollister Municipal Code §1.18.060.

**Please note that a request for hearing must be filed within (30) days of the date of citation and must be accompanied by deposit of the administrative penalty or an administrative hardship waiver.**

Name:		Driver's License Number:	
Address:	City:	State:	Zip Code:
Telephone (Home):		(Cell):	
Date of Birth:	Email Address:		

**Please fill in the following information that is included on the citation you received:**

Citation Number: \_\_\_\_\_

Date of Citation: \_\_\_\_\_

Total Administrative Penalty: \$ \_\_\_\_\_

Violation: \_\_\_\_\_

**Below provide an explanation of why you are requesting this administrative hearing:**

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Petitioner's Signature: \_\_\_\_\_

Submit this document, along with any additional documentation you would like to present at the administrative hearing, and the total administrative penalty or hardship waiver form, to:

The City of Hollister  
375 Fifth St  
Hollister, CA 95023