

For Office Use Only



City of Hollister

Development Services

Code Enforcement Department

1000 Union Rd

Hollister, CA 95023

Ph: (831) 636-4356 Fax: (831) 636-4143

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:

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