REQUEST FOR ADMINISTRATIVE CITATION APPEAL
Environmental Health Division
5050 Commerce Drive, Baldwin Park, CA
91706 www.publichealth.lacounty.gov/eh
(888) 700-9995

You may appeal the administrative citation by completing this form along with making the payment **within 10 calendar days** of the issuance of the citation. This **Request for Appeal must include reason(s) for the appeal along with payment of fine amount.** Failure to pay the total amount of the fine or fully complete the Request for Appeal shall result in an incomplete appeal. You will be notified upon the receipt of your appeal request of your hearing date.

Administrative Citation #:_____   Date Issued:_____

Name:_____

Violation Address:_____

Mailing Address: _____

Daytime Phone:_____ Email address:_____

List your reason(s) for Appeal and attach any documents necessary to support your appeal:

Amount of administrative citation penalty: $_____

Payment may be in the form of Cash, Check, Cashier's Check, or Money Order payable to the County of Los Angeles.

Any Administrative Citation penalty that has been deposited shall be refunded if it is determined, after a hearing, that the person or entity charged with the violation was not responsible for the violation or that there was no violation as charged in the Administrative Citation.

I hereby request a hearing before a hearing officer and certify that the above statement is true and correct.

- ☐ I will attend hearing.
- ☐ I will not attend hearing. I would like a phone hearing (provide phone number above).
- ☐ I will not attend hearing. I would like the Hearing Officer to decide based on the information obtained by the Environmental Health Specialist's and for the reasons stated in the Request for Appeal and attachments.

Print Name:_____

Signature:_____ Date:_____

Return this form along with citation and payment penalty to:
Attention: Permits & Licensing
County of Los Angeles Department of Public Health
Environmental Health Division
5050 Commerce Drive, Baldwin Park, CA 91706