



**CITY OF LA HABRA HEIGHTS**

1245 N. Hacienda Road  
La Habra Heights, CA 90631  
(562) 694 - 8283  
www.lhcity.org



RESERVED DATE STAMP

# REQUEST FOR ADMINISTRATIVE HEARING

A cited person may appeal the citation by requesting a hearing to be conducted by an administrative hearing officer. This form must be mailed to the address listed below within ten (10) calendar days of the date on the citation. The request for an administrative appeal hearing shall include any grounds the cited person wishes the hearing officer to consider. Unless waived by preliminary review, the hearing request shall be accompanied by a deposit of the fine imposed by the citation. Payment must be made in the form of a personal check, cashier's check, or money order. Do not send cash. Failure to request a hearing before the deadline, or failure to comply with all terms for requesting a hearing, constitutes an abandonment of the hearing request and a failure to exhaust administrative remedies. Do not mail your hearing request to City Hall. It must be mailed to the address listed below:

**CITY OF LA HABRA HEIGHTS**  
C/O Citation Processing Center  
P.O. Box 7275  
Newport Beach, CA 92658

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITATION NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
DATE OF CITATION ISSUANCE: \_\_\_\_\_

ADMINISTRATIVE FINE DEPOSIT AMOUNT ENCLOSED: \$ \_\_\_\_\_

BASIS FOR THIS REQUEST: (you may use additional sheets as necessary and attach any supporting documentation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_