

**City of Garden Grove
Administrative Citation Hearing Request Form**

Date_____

Name_____

Address_____

City

State

Zip

Telephone_____

I request an appeal of the Administrative Citation:

Citation Number (upper right hand corner)_____

Date of Citation_____

Location of Violation_____

Penalty Amount Enclosed_____

Garden Grove Municipal Code 1.22.030(a) requires the citation fine amount (indicated on the front of the citation) be submitted at the time of the hearing request.

Reason for Request of Hearing:

Do not own, possess, or control property where violation exists (except for non-property related violations)

Not responsible for the violation(s) listed

Violation described does not exist

Other (describe briefly; attach additional sheets if necessary):

SIGNATURE_____

Mail Hearing Request Form to:

**City of Garden Grove
C/O Citation Processing Center
P.O. Box 7275
Newport Beach, CA 92658**