

Civil Citation Appeal Hearing Application

Address of Alleged Violation: _____

Legal Name of Applicant: _____

(If the applicant is a corporation, trust or other legal entity the names of the officers, trustees, or others authorized to represent the legal entity must also be provided)

Daytime Telephone Number: _____

Mailing Address for All Notifications to Appellant: _____

Name, Address, and Phone Number of Legal Counsel (if any) representing Appellant: _____

Date of Civil Citation: _____ Case Number: _____

Reason for Appeal:

This application must be filed in person or by certified mail with the City Clerk's office located at 175 Fifth Street North, St. Petersburg, Florida 33701. A copy of the civil citation must be submitted with this application.

I/We, the undersigned, hereby make application to appeal the issuance of a civil citation issued under City Code Chapter 9, Article III, and affirm that all information provided on this application is complete and correct. I/We further affirm that I/We have received a copy of the completed application and Civil Citation Appeal Hearing Procedures. I/We understand that I/We will be liable for administrative costs totaling **\$50.00** in addition to the original amount of the civil citation if the Civil Citation Appeals Special Magistrate uphold the civil citation. I/We understand that if I/We fail to appear at the Appeal Hearing that administrative costs totaling **\$50.00** will automatically be added to the amount of the civil citation, and that I/We will have waived our right to an administrative appeal.

Signature of the Above Name Appellant
Or Authorized Representative

Date

Received:

Receipt #: _____
(Clerk Use only)