



**CITY OF VALLEJO**  
**POLICE DEPARTMENT**  
**CODE ENFORCEMENT DIVISION**

555 Santa Clara Street, Vallejo, CA 94590 • (707) 648-4469 • FAX: (707) 649-3540

**LAST DAY TO SUBMIT**

**THIS FORM** \_\_\_\_\_

**CASE #:** \_\_\_\_\_

**HEARING REQUEST FORM**

(ONLY THE PERSON CITED OR NOTICED MAY APPEAL)

**PLEASE PRINT OR TYPE**

**CITATION #**

**DATE OF NOTICE**

- |  |       |       |
|--|-------|-------|
| <input type="radio"/> VEHICLE CITATION (VMC CHAPTER 7.64)            | _____ | _____ |
| <input type="radio"/> PMO NOTICE OF VIOLATION (VMC CHAPTER 7.54)     | _____ | _____ |
| <input type="radio"/> PMO ADMINISTRATIVE CITATION (VMC CHAPTER 1.15) | _____ | _____ |
| <input type="radio"/> PR NOTICE OF VIOLATION (VMC CHAPTER 7.62)      | _____ | _____ |
| <input type="radio"/> PR ADMINISTRATIVE CITATION (VMC CHAPTER 1.15)  | _____ | _____ |
| <input type="radio"/> OTHER: _____                                   | _____ | _____ |

*(PMO = Property Maintenance Ordinance = City of Vallejo Municipal Code 7.54)*

*(PR = Property Registration Ordinance = City of Vallejo Municipal Code 7.62)*

*(VMC = Vallejo Municipal Code)*

**BEFORE THE CODE ENFORCEMENT APPEALS BOARD, THE APPEALS OF:**

**NAME(S):** \_\_\_\_\_

**VIOLATION ADDRESS:** \_\_\_\_\_

**CONTACT MAILING ADDRESS:** \_\_\_\_\_

**CONTACT PHONE NUMBER(S)** \_\_\_\_\_

- I HAVE SUBMITTED THE REQUIRED APPEAL FEE.
- I HAVE SUBMITTED A REQUEST FOR APPEAL FEE WAIVER.

**-- FORM CONTINUES ON REVERSE --**

***TO BE FILED OUT BY OFFICE STAFF ONLY***

**REVIEWED BY  
WHO**

**REVIEWED  
DATE**

THIS HAS BEEN REVIEWED BY CLERICAL

THIS HAS BEEN REVIEWED BY DIVISION MANAGER

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

1) Brief statement explaining your legal interest in the subject property (e.g., owner, tenant, etc.):

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2) Brief statement of reason for appeal (together with any material facts to support the appeal):

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3) Statement of why protested order or action should be reversed or modified and what you want the outcome to be:

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**4) ALL APPELLANTS MUST SIGN THE FOLLOWING DECLARATION:**

I certify and declare under the penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

_____	_____	_____
DATE	PRINT NAME	SIGNATURE
_____	_____	_____
DATE	PRINT NAME	SIGNATURE

*(ATTACH ADDITIONAL PAGES IF NEEDED)*

**-- END OF FORM --**