



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

2 Florida Street, Vallejo, CA 94590 • (707) 648-4469 • [Code.Enforcement@cityofvallejo.net](mailto:Code.Enforcement@cityofvallejo.net)

**LAST DAY TO SUBMIT**

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

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

**HEARING REQUEST APPLICATION FORM**

(ONLY THE PERSON CITED OR NOTICED MAY APPEAL)

**PLEASE PRINT OR TYPE**

**CITATION #**

**DATE OF NOTICE**

- VEHICLE CITATION (VMC CHAPTER 7.64) \_\_\_\_\_
- PMO NOTICE OF VIOLATION (VMC CHAPTER 7.54) \_\_\_\_\_
- PMO ADMINISTRATIVE CITATION (VMC CHAPTER 1.15) \_\_\_\_\_
- PR NOTICE OF VIOLATION (VMC CHAPTER 7.62) \_\_\_\_\_
- PR ADMINISTRATIVE CITATION (VMC CHAPTER 1.15) \_\_\_\_\_
- 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 FEE.  
(\$450 NON-REFUNDABLE = NOV APPEAL FEE, DEPOSIT OF CITATION = CITATION APPEAL FEE)
- I HAVE SUBMITTED A FEE WAIVER FORM.

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

***TO BE FILLED 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 --**