City of Santa Clarita
Administrative Citation
Administrative Review Request Form

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY IN ORDER FOR THE REQUEST TO BE REVIEWED

Responsible Person: _____ **Today's Date:** _____

Mailing Address (if different from violation address):

_____

_____

Business Name (if applicable): _____

Phone Number: _____ **Case Number : CE11-**_____

****Location of Violation(s)/Address:** _____

Administrative Citation Number: AC-_____ **Date Issued:** _____

Grounds for Preliminary Review

1. The Administrative Citation was erroneously issued because:

_____

_____

_____

_____

_____

_____

_____ _____

Responsible Person's Signature Date

PLEASE RETAIN ORIGINAL CITATION – DO NOT SEND WITH REQUEST *

Office Use Only: Received By: _____ Date: _____

Citation Waived _____ Upheld _____ Hold _____ Days By: _____