



City of Hughson  
7018 Pine St.  
PO BOX 9  
Hughson, CA 95326  
209.883.4054

**REQUEST FOR ADMINISTRATIVE CITATION REVIEW**

To: City Clerk  
City Hughson  
PO BOX 9  
Hughson, CA 95326

Case #: \_\_\_\_\_

This request form must be completed, signed by the recipient, and filed with the City Clerk’s Office within thirty (30) days from the date of issuance of the Administrative Citation you wish to be reviewed (Hughson Municipal Code Section 1.17.130).

A request for Administrative Review will not be granted unless an advance deposit in the amount indicated in Total Penalties Due is included with this request or provide notice that an Advance Deposit Hardship Waiver has been approved by the City of Hughson Department of Finance.

**Please Check one:**

- I hereby request an Administrative Review in person.
- I hereby request an Administrative Review by written declaration

Name of Recipient: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_/\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternative Telephone Number: \_\_\_\_\_

Department that Issued Administrative Citation: \_\_\_\_\_

Reason for Citation: \_\_\_\_\_

Total Amount of Fines, Penalties and Inspections Fees: \_\_\_\_\_

Reason(s) for Requesting an Administrative Review: \_\_\_\_\_

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

**Turn Over—Continued on reverse**

Facts supporting your contention that a citation should not have been issued in this case:

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I swear under the penalty of perjury the above statements are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Fines Paid (*Attach Receipt*) Advance Hardship Waiver Filed? \_\_\_\_\_ (Indicate if Approved) Yes:  No:

Date set for Hearing: \_\_\_\_\_ Location: \_\_\_\_\_

Hearing Officer: \_\_\_\_\_ Comments: \_\_\_\_\_

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