



**CITY OF GARDEN GROVE**  
**ADMINISTRATIVE CITATION**  
**APPLICATION FOR**  
**HEARING REQUEST**

Submit form to:  
Citation Processing Center  
PO Box 7275  
Newport Beach, CA 92658-7275

DATE STAMP

**APPELLANT INFORMATION:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

**I am requesting an appeal of the Administrative Citation shown below:**

Citation Number \_\_\_\_\_ Date of Citation \_\_\_\_\_

Location of Violation: \_\_\_\_\_

Reason for Request of Hearing:

- Violation did not occur
- Not responsible for violation(s) listed
- Violation(s) described does not exist
- Do not own, possess, or control property where violation exists (except for non-property related violations)
- Other (briefly describe) \_\_\_\_\_

Hearing Deposit Penalty Amount Enclosed: \_\_\_\_\_  
(Citation fine amount – indicated on front of citation – must accompany this hearing request per Garden Grove Municipal Code section 1.22.030(A)).

I am filing for an Application for Hardship Waiver of Advanced Deposit of Fine  YES  NO  
(If yes, this form must accompany your Application for Waiver of Advanced Deposit of Fine)

**I hereby certify under penalty of perjury that I have read and understand the above statements, and that the information provided above is true and correct to the best of my knowledge and ability.**

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

**OFFICE USE ONLY:**

Application received within 30 days?  
 YES  NO

Hearing Granted  
 YES  NO  PENDING

Hardship Waiver of Advanced Deposit Application Submitted?  
 YES  NO

By: \_\_\_\_\_

Hardship Granted?  
 YES  NO

Case Number: \_\_\_\_\_

Issuing Officer: \_\_\_\_\_