

San Francisco Environment Department
1155 Market Street, 3rd Floor
San Francisco, CA 94103

SFEnvironment.org



London Breed
Mayor

Tyrone Jue
Acting Director

REQUEST FOR APPEAL OF ADMINISTRATIVE CITATION

Any person who has been served with a Notice of Administrative Citation from the San Francisco Environment Department (SFE) may seek administrative review of the citation by filing an appeal with the Controller within 30 calendar days of the issuance. Failure to appeal within the 30-day period will render the citation a final action by the City for which there is no administrative or judicial review.

Payment of the administrative citation OR a financial hardship waiver must be submitted with your request to appeal. Submit this form or an electronic copy (available at <https://bit.ly/3FsK17y>) and a check payable to the City and County of San Francisco to:

San Francisco Environment Department

1155 Market Street, 3rd Floor
San Francisco, CA 94103

To apply for a financial hardship waiver of the advance deposit of the administrative penalty, please contact the San Francisco Environment Department at debrisrecovery@sfgov.org or 415-355-3799. A hardship waiver application must be filed no later than 30 days from issuance of the citation.

(CONTINUED ON PAGE 2)

Si necesita ayuda para traducir este documento, llame al 415-355-3799. 如果您在翻译本文件时需要帮助，请致电 415-355-3799. Kung kailangan ng tulong upang maintindihan ang nilalalaman ng dokumento, tumawag lang sa 415-355-3799.



REASON FOR APPEAL

Please check all applicable reasons for the request to appeal, as outlined in Administrative Code Chapter 100 Section 8:

- There was no violation of the Ordinance for which the citation was issued.
- The person or entity cited did not commit the violation.
- Other reason (please specify):

CITATION INFORMATION

Citation Number:	Citation Date:
Print Name:	
Signature:	
Mailing Address:	
Email:	Phone Number:

Amount of fines enclosed \$____

OR

- Application for financial hardship waiver attached

The Controller will set a hearing date for this appeal no less than 10 and no more than 60 calendar days from the date this appeal is received. You will be notified in writing the date, time, and location of the hearing.

FOR OFFICIAL USE ONLY:

Date appeal form received: _____

Initials: _____