



**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**

Citee Name: _____ Today's Date: _____

Mailing Address (if different from violation address):

Business Name (if applicable): _____

Phone Number: _____ Case Number: CE _____

Location of Violation(s)/Address: _____

Administrative Citation Number: AC # _____ Date Issued: _____

Grounds for Administrative Review

1. Please explain the reason(s) why you believe the violation(s) did not occur or that you were not responsible for the violation(s) – attach additional pages if necessary:

Citee Signature

Date

PLEASE RETAIN ORIGINAL CITATION – DO NOT SEND WITH REQUEST

Office Use Only:

Date: _____

Received by: _____