REQUEST FOR HEARING ON ADMINISTRATIVE CITATION AND NOTICE OF HEARING OR CLOSE OF EVIDENCE DATE

APPELLANT NAME AND ADDRESS:	FOR COUNTY USE ONLY
_	
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
	-
COUNTY OF SAN MATEO, OFFICE OF THE COUNTY MANAGER STREET ADDRESS: County Manager's Office	
MAILING ADDRESS: 400 County Center, 1st Floor	
CITY AND ZIP CODE: Redwood City, CA 94063	
	-
APPELLANT:	
CITING PUBLIC AGENCY:	
	CITATION NUMBER:
 If you wish to waive an oral hearing and have the review conducted solely base check this box: Alternatively, if you wish an oral hearing, check this box: 	ed on written materials,
 Reason for Request. Please provide a brief statement of the material facts sup no violation ocurred or no penalities or other remedies should be imposed: 	oporting your claim that either
I declare under penalty of perjury under the laws of the State of California that the	foregoing is true and correct.
(TYPE OR PRINT NAME OF PERSON REQUESTING HEARING) (SIGI	NATURE OF PERSON REQUESTING HEARING)

Once signed, submit this Request along with advance deposit of the citation fine and a copy of the Citation to:

County Manager's Office ATTN: County Hearing Officer 400 County Center, 1st Floor Redwood City, CA 94063

	APPELLANT:		CITATION NUMBER:
(CITING PUBLIC AGENCY:		
	materials. CLOSE OF EVIDE	•	o have the review conducted solely based on written
	supporting materia the County Manag	ls you believe to be relevant	submit documentary evidence and declarations. Any must be sent to the Enforcement Officer of the Office of to the Close of Evidence date. The Enforcement Office of Evidence Date.
5.	You have elected	l for an oral hearing. Heari	ng on this application will be held as follows:
	Date:	Time:	Location:
	Date. Any materials not pr discretion of the disp	` ,	pefore the hearing may be considered at the
		Documentary ev	idence must be mailed to:
		Doddinionitally of	
		County Manager'	s Office
		County Manager' ATTN: County He	s Office earing Officer
		County Manager'	s Office earing Officer er, 1st Floor
<i>itati</i> naile	on Date was mailed, with d at (place):	County Manager' ATTN: County He 400 County Cent Redwood City, C CERTIFICATE C this action and that a true copy of	s Office earing Officer er, 1st Floor
<i>itati</i> naile	on Date was mailed, with d at (place):	County Manager' ATTN: County He 400 County Cent Redwood City, C CERTIFICATE C this action and that a true copy of postage fully prepaid, in a sealed e	s Office earing Officer er, 1st Floor A 94063 F MAILING BY CLERK he Request for Hearing and Notice of Hearing Date or Close of nvelope addressed as shown below, and that the request was on (date):
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CMO [New August 4, 2020] sg

Request for Accommodations
Individuals who require special assistance or a disability related modification or accommodation to participate in this hearing should contact the County Manager's Office at (650) 363-4123 at least five (5) days before the hearing in order to make reasonable accommodations.