**Mail or email completed form with proof of payment to:**

City of Oakland – Public Works

250 Frank H. Ogawa, #1324

Oakland, CA 94612

EEOinfo@oaklandca.gov



**ADMINISTRATIVE CITATION**

**APPEAL REQUEST FORM**

**\*\*\* Form must be received (postmarked or email date stamped) no more than 15 days from date shown on Citation OR by this date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*\*\***

|  |  |
| --- | --- |
| NAME (Please Print) | PHONE |
| ADDRESS | EMAIL |
| CITY STATE ZIP | CITATION # |

1. I appeal the above Administrative Citation for the following reasons:

[Please provide clear, concise statements. Attach extra sheets if additional space is needed. Where possible, explain how evidence found linking you to the illegally dumped material was incorrect. Please include copies of any supporting documents.]

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

1. Was the illegally dumped material due to a missed bulky waste pickup appointment or a rented dumpster? Please attach copies of documentation from Waste Management (WMAC) with form.

❑ Yes ❑ No

1. Was the illegally dumped material from someone you hired to haul away your items? Please provide name, address, and contact info of the individual or company you hired below. Attach copies of any related receipts/documentations with form.

❑ Yes ❑ No

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

**WILL I GET MY**

**MONEY BACK?**

**Fine may be Refunded in part or in full if Appeal is approved**

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

**I wish to appeal the illegal dumping citation issued to me.**

**You must choose an option below or your appeal will not be considered.**

❑ I have attached proof of payment for the citation.

❑ I cannot pay the fine due to financial hardship. I request to perform community service in lieu of fine in the event my appeal is denied.

**I declare under penalty of perjury that the information given herewith is in all respects true and accurate to the best of my knowledge and belief**.

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

Signature Date