



**ADMINISTRATIVE CITATION NOTICE OF APPEAL**

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Appellant Name \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

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Cited Address \_\_\_\_\_ Address of Appellant (if different from cited address) \_\_\_\_\_

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Citation Number \_\_\_\_\_ Notice of Violation Number \_\_\_\_\_ Date/Time of Citation \_\_\_\_\_ \$ \_\_\_\_\_ Citation Amount

1) State the type of claim or dispute involved, and the time during which it accrued or occurred.

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2) State the reason you believe the administrative citation is objectionable, incorrect or illegal.

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You have the right to appeal an administrative citation within 7 days from the date of issuance. Failure to comply with this deadline shall bar your appeal and shall constitute a waiver of your right to a hearing.

A processing fee of \$35 shall be paid in cash, check or certified funds (such as a money order) simultaneously with the filing of the notice of appeal.

Your appeal request may be delivered personally or mailed to the following address: City of Evans, City Clerk, 1100 37th Street, Evans, CO 80620.

If your appeal meets all of the requirements, a hearing date will be scheduled and you will be notified by mail.

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Signature of Appellant