



Administrative Appeal / Hearing Request

I hereby request a hearing to appeal the City's issuance of the following administrative citation:

Citation # _____ Issued to: _____

Address of violation: _____

Signed _____ Date _____

Print name _____

Address _____

Phone _____ Email: _____

Reason for appeal:

This form must be accompanied by an appeal fee. The fee due is \$75 or the citation amount, *whichever is less*. Failure to enclose the fee will result in a rejection of the request for a hearing. The fee may be reduced by the City Attorney's Office if indigence is demonstrated. The fee may also be waived in full or in part at the discretion of the hearing officer. Upon receipt of your completed application, you will be contacted by the City Attorney's Office with the hearing date and time.

Make checks payable to the City of St. Cloud. Submit completed form to:

St. Cloud Fire Department
101 10 Ave N
St. Cloud, MN 56303

The City of St. Cloud Minnesota will not discriminate on the basis of race, color, creed, religion, national origin, sex, disability, age, marital status, status with regards to public assistance, familial status or sexual orientation. Upon request, accommodations will be provided to allow individuals with disabilities to participate in all city services, programs and activities.

Office use only

Date received:	Amount: \$
Time:	By:
By:	Receipt #:
Date forwarded to Legal:	