



**City of Imperial  
Building and Safety  
Code Enforcement  
REQUEST FOR ADMINISTRATIVE REVIEW  
OF A CITATION**

Full Name:	
Full Address (Number and Street, City, and Zip Code)	
Home Phone Number:	Work Number:
Citation #	<p align="center"><b>FOR OFFICIAL USE ONLY</b></p> <input type="checkbox"/> Void <input type="checkbox"/> Upheld <input type="checkbox"/> Warning
I HEREBY REQUEST AN ADMINISTRATIVE REVIEW OF MY CITATION. THE REASON I AM CONTESTING THIS CITATION IS:	

(IF MORE SPACE IS REQUIRED, PLEASE ATTACH SHEETS AS NEEDED TO THIS FORM)

The Code Enforcement Division will conduct a review of your citation based on the information you provide. You must produce copies of ALL applicable documentation relating to your appeal (pictures, diagrams, etc.) The documentation will not be returned to you. Your citation will be voided, reduced to a warning or upheld.

*I UNDERSTAND THAT THIS REQUEST FOR ADMINISTRATIVE REVIEW MUST BE POSTMARKED WITHIN 10 DAYS AFTER THE ISSUANCE OF MY CITATION.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date