



City of Oceanside
300 North Coast Highway
Oceanside, CA 92054

APPEAL OF ADMINISTRATIVE CITATION

Name (Appellant): _____ Citation #: _____

Mailing Address: _____

Telephone Number: _____

Address of Violation: _____

**ALL PENALTY AMOUNTS MUST ACCOMPANY THIS APPEAL. ALL APPEALS MUST BE
FILED WITHIN TEN (10) CALENDAR DAYS FROM THE DATE OF THE CITATION.**

Amount enclosed: \$ _____ ☐ Check ☐ Money Order ☐ Cash ☐ Credit Card

REASON(S) FOR APPEAL (Optional – Appellant need not state a reason):

Signature (Appellant) _____ Date _____

Appellant will be notified of time, date and location of the hearing by first class mail at the mailing address indicated above.

For City Use Only

Date Appeal Received _____ Received By _____

Received via: ☐ Mail ☐ Personal Delivery ☐ Other _____

Cashier Reference: Receipt Account: MR 905-000

Administrative Citation Acct. #101.294649.4250.00018