



Code Enforcement
200 Civic Center Dr.
Vista, CA 92084
(T) 760-639-6141 or (F) 760-639-6136
Email: codeenforcement@cityofvista.com

REQUEST FOR REVIEW OF ADMINISTRATIVE CITATION

Name (Appellant): _____ Citation #: _____

Mailing Address: _____

Telephone Number: _____

Address of Violation: _____

**ALL REQUESTS FOR REVIEW MUST BE FILED WITHIN THIRTY (30)
CALENDAR DAYS FROM THE DATE OF THE CITATION.**

REASON(S) FOR APPEAL: _____

Signature (Appellant) _____ Date _____

Appellant will be notified of the results of the review by first class mail.

FOR CITY USE ONLY	
Date Request Received _____	Received By _____
Received via: Mail <input type="checkbox"/> Personal Delivery <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/>	Other _____

