



# BEAR VALLEY COMMUNITY SERVICES DISTRICT

28999 South Lower Valley Road • Tehachapi, CA 93561-7460  
PHONE 661-821-4428 • FAX 661-821-0180

Received: \_\_\_\_\_

## ADMINISTRATIVE CITATION APPEAL FORM

District Code section 1-12-8 allows any citee to request a hearing to contest an administrative citation issued by the District. If you wish to contest an administrative citation, please complete this form and attach a copy of the administrative citation and any supporting documentation, and deliver or mail this request to the Bear Valley Community Services District, 28999 S. Lower Valley Road, Tehachapi, CA 93561. Note that this form, along with any advanced deposits or waiver forms, must be received within 15 calendar days from the date of the administrative citation, or it will be rejected as untimely—postmarks are not considered.

Administrative Citation Number: \_\_\_\_\_ Administrative Citation Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Enclosed: (select one)

- Advanced Deposit in the amount of \$ \_\_\_\_\_
- Advanced Deposit Hardship Waiver Form

Below, please state the reasons why you are contesting the administrative citation, and include documentation in support of your application.

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Signature

\_\_\_\_\_  
Date