



# Request for Review of Administrative Citation for Exceedance of Water Use Allowance

For information on how to complete this form or the status of your case, contact the Office of Sustainability and Environment at (310) 458-8972.

Responsible Party: _____	Citation No.: _____
Account Number: _____	Total Due: _____
Violation Address: _____	Due Date: _____
City, State, Zip Code: _____	Issue Date: _____
Contact Phone Number: ( ) _____	Violation Date: _____
( ) _____	Dept/Division: _____
Violation Address: _____	Enforcement Officer: _____
Violation Location: _____	File #: _____

### BASIS FOR REQUEST

I request an administrative review of the above citation for one of the two following reasons:

- I am not the responsible party for the violations described.
- There was no violation as charged: E.G.: The water meter malfunctioned or was read incorrectly.

### METHOD OF REVIEW

I request a review of the above citation by the following means:

- Submission of Written Materials. Written materials attached:   yes   no

You have **ten (10)** days to file any written materials after filling your Request for Review. File any such written materials with a copy of this completed review form at the City Clerk's Office, Room 102, City Hall, 1685 Main Street, Santa Monica, CA 90401.

### FINANCIAL ABILITY TO DEPOSIT

Before any review can be scheduled, you must submit proof of payment of the citation fee or a copy of an approved advance deposit hardship waiver.

- I am financially able to deposit the amount of the fine and proof of payment is attached.
- I am financially unable to deposit the amount of the fine and an approved hardship waiver is attached. **(Advance hardship deposit waiver must be filed within fifteen (15) days of the issuance of the citation).**

I hereby declare that the above information is true and correct to the best of my knowledge and belief.

_____	_____	____/____/____
Person Requesting Review (Print Name)	Signature	Date

**You must file this completed request in the City Clerk's office within 30 days of the issue date of the administrative citation. The City Clerk's office is located in Room 102, City Hall, 1685 Main Street, Santa Monica, CA, 90401.**

### For City Staff Use Only

Request for Review filed within 30 days: _____	Advance Hardship Waiver Granted: _____
Deposit Hardship Waiver filed within 15 days: _____	Date of Waiver Decision: _____
Date Received in City Attorney's Office: _____	Date Deposit Paid: _____
Date Forwarded to Issuing Department: _____	