



City of Oxnard
Rent Stabilization Program
435 South "D" Street
Oxnard, CA 93030

CIVIL CITATION APPEAL

A person or entity is entitled to contest a civil citation no later than 30 days from the date when the citation was served. This form must be used to contest the citation, and the completed form must be accompanied by a deposit of the full amount of the penalty stated in the citation. If the person or entity to whom the citation was issued cannot afford to pay the penalty due to genuine financial hardship, that person or entity may apply for a hardship waiver, by which the person or entity must demonstrate an inability to pay. **A hearing will not be scheduled unless the full amount of the penalty is deposited or the city waives the deposit due to the responsible party's financial hardship.**

Name: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

Citation Number: RS-_____ Citation Date: _____

Address of property with respect to which citation was issued: _____

_____ Unit: _____

I am contesting the citation because: _____

_____ (Attach additional pages if necessary)

Check this box if you are requesting a waiver of the deposit due to financial hardship. If you are requesting such a waiver, you must include the waiver application, with all supporting documentation, with this form. If you fail to submit the required deposit or fee waiver application by the deadline to contest the citation, your request to contest the citation will be denied.

You will receive a notice of the time and date of the hearing on your contest (appeal) the citation in the mail.

I declare under penalty of perjury under the laws of the State of California that the information that I have provided on this form and all attached pages is true, correct, and complete.

Signature: _____ Date: _____

Name (please print) _____

(Office use only)
Date deposit paid: ___ / ___ / ___ Receipt #: _____ Deposit waived (Y / N) Staff Initials: _____