



**County of Tulare**  
**REQUEST FOR APPEAL HEARING**

**Return To:** Clerk of the Board-Appeal Hearing  
2800 W. Burrel Avenue  
Visalia, CA 93291

For Official Use Only

**Instructions:** Please complete this form in its entirety. A non-refundable filing appeal fee of \$500 must be included at the time of filing the application. A copy of your notice must accompany this application.

**Name (appellant):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address of Violation (if applicable):** \_\_\_\_\_

**Assessor Parcel No. (if applicable):** \_\_\_\_\_ **Case No.** \_\_\_\_\_

**REASON(S) FOR APPEAL:** Detail what is being appealed and what action or change you seek. Specifically address the findings, mitigation measure, conditions and/or policies with which you disagree (attach extra sheets if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are entitled to have legal representation at the Hearing.

☐ My attorney will not be present

☐ My attorney will be present.

**Attorney name:** \_\_\_\_\_ **Phone Number.:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I declare under penalty of perjury that the foregoing statement and information provided by me is correct:

**Signature (Appellant):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail completed appeal form, supporting documentation, and payment made to "County of Tulare" to:

Clerk of the Board – Appeal Hearing  
2800 W. Burrel Avenue  
Visalia, CA 93291

To be completed by County staff:

Date Appeal Received: \_\_\_\_\_

Received Via: Mail      Personal Delivery

Fee Paid: \$ \_\_\_\_\_

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

Other \_\_\_\_\_

Cash/Check # \_\_\_\_\_