



**County of Tulare
REQUEST FOR APPEAL HEARING**

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

For Official Use Only

Instructions: Please complete this form in its entirety. A \$500 appeal fee and 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 to:

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

To be completed by County staff:

Date Appeal Received: _____ Received By: _____
Received Via: Mail Personal Delivery Other _____
Fee Paid: \$ _____ Cash/Check # _____