



Code Enforcement Department

336 Pacific Ave, Shafter CA 93263

Tel. 746-5002 • Fax 661-746-9125

APPEAL FORM

FORM MUST BE RETURNED NO LATER THAN 15 DAYS FROM INVOICE DATE. FORMS WITH MISSING INFORMATION WILL NOT BE ACCEPTED.

IMPORTANT: CITATION DEPOSIT AMOUNT IS REQUIRED. YOUR APPEAL WILL NOT BE PROCESSED UNLESS A CHECK OR MONEY ORDER MADE OUT TO THE CITY OF SHAFTER IS INCLUDED WITH COMPLETED APPEAL FORM. THE APPEAL FEE IS NOT REFUNDABLE UNLESS HEARING OFFICER WAIVES FEE.

***Date Appeal Form Submitted:**

Case Number:

Name:

Tel:

Mailing Address:

City, State, Zip:

Location of Property with Violation or APN:

Email:

REASON FOR APPEAL

This section must be completed, attach additional sheets if necessary.

Print Name:

Appellant Signature:

OFFICE USE ONLY

Date Code Officer Received:

Case Number:

Received By:

Comments:

Action Taken:

Action Reversed

Action Upheld

Code Officer Signature: