

REQUEST FOR HEARING BY HEARING EXAMINER

This request for hearing is made by:

(Name of Person)

(Name of Business or Other Entity)

(Mailing Address)

(City)

(State)

(Zip Code)

(Telephone Number)

IF YOU WISH TO CONTEST AN ACTION TAKEN BY THE CITY OF SANTA MONICA BEFORE A HEARING EXAMINER, PLEASE ATTACH A COPY OF THE WRITTEN NOTICE OF ACTION TAKEN BY THE CITY AND STATE THE FACTUAL AND LEGAL BASIS FOR YOUR REQUEST FOR HEARING.

Date: _____

(Signature)

File this form with:

City Clerk

Santa Monica City Hall

1685 Main Street

Santa Monica, CA 90401

(City Clerk will transmit form to City Attorney)