



City of Rio Vista
1 Main Street, Rio Vista, CA 94571
Phone 707-374-6451 – Fax 707-375-2560
www.riovistacity.com

REQUEST FOR ADMINISTRATIVE HEARING

The recipient of a City of Rio Vista Water Department Notice of Water Violation may request an administrative hearing.

The administrative penalty for an administrative citation shall be paid to the City of Rio Vista through the Finance Department within thirty (30) calendar days from the date the administrative citation is served. If a hearing is requested pursuant to (Section 1.16.070), the administrative penalty shall be deposited with the Finance Department, or a notice shall be filed with the Finance Department that an advance hardship waiver has been requested as required (Section 1.16.080).

Any recipient of an administrative citation may contest that he or she had not committed a violation of the code or that contestant is not responsible for the violation by filing a Request for Administrative Hearing form with the Finance Department within thirty (30) calendar days from the date of service of the administrative citation, together with either an advance deposit of the administrative penalty or Request for an Advance Deposit Hardship Waiver form, attached.

The person requesting the hearing shall be notified by first class mail of the time and place set for the hearing at least ten (10) calendar days prior to the date of the hearing.



City of Rio Vista
1 Main Street, Rio Vista, CA 94571
Phone 707-374-6451 - Fax 707-375-2560
www.riovistacity.com

REQUEST FOR ADMINISTRATIVE HEARING

Today's Date: _____ Customer Account #: _____
Name: _____ Phone #: _____
Address: _____ Violation Amount: _____
City/State/Zip: _____ Violation#: _____

REQUEST FOR HEARING ACCORDING TO SECTION 1.16.070 OF THE RIO VISTA MUNICIPAL CODE.

Under provision of the City of Rio Vista Municipal Code, I request a hearing on the Notice of Water Violation listed above.

Please provide a brief statement below why you are contesting the Notice of Violation.

I declare that the foregoing (including any attachment(s)) is true and correct to my knowledge. I understand any statements made herein will be verified.

Customer Name _____ Date _____ Signature _____

Form and payment must be received by the City of Rio Vista within thirty (30) days of citation date.

THIS SECTION WILL BE COMPLETED BY THE CITY OF RIO VISTA

The City of Rio Vista has granted your request for a hearing

Hearing scheduled for _____ (date) and _____ (time).

**HEARING WILL TAKE PLACE AT CITY HALL
1 MAIN STREET, RIO VISTA, CA 94574**

You must call to confirm that you will be attending your assigned hearing date and time by 5:00 p.m. on _____. Failure to confirm your scheduled hearing date will result in the hearing being canceled. Hearings that have not been confirmed will not be rescheduled and your opportunity to appeal will be forfeited.

If for any reason you will not be available for your hearing date and time, you **must** contact the City of Rio Vista prior to the hearing date to request a continuance. You may request the continuance by phone by calling 707-374-6451 x 1103 or in person at City Hall at the Office of the City Manager. **Please be advised hearing can only be postponed once.**

FOR OFFICE USE ONLY

Date received: _____ Counter: _____ Mail: _____

Received by: _____ Reviewed by: _____