

ATTORNEY OR PARTY WITHOUT (Name, State Bar Number, and address): Telephone No.: _____ Fax No. (Optional): _____ ATTORNEY FOR (Name): _____ Bar No.: _____	<i>COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
APPEAL OF (NAME): RESONDENTS:	
NOTICE OF APPEAL (CODE ENFORCEMENT)	CASE NUMBER:

IMPORTANT INFORMATION

1. This form must be filed with the Court within 20 calendar days after the date of mailing of the final decision on the administrative review by the local agency. It must be personally delivered or mailed to the Court, and must be received by the Court, with the required filing fee, within the 20 day period.
2. A copy of the citation and the Administrative Ruling shall be filed with this form.
3. There is a \$25.00 fee for filing the Notice of Appeal. The fee must accompany this form. Make checks or money orders payable to: San Bernardino Superior Court. If your check is returned unpaid, your appeal may be void and a returned check fee will be charged.
4. After filing this form with the Court, a copy must be served by personal delivery or by First Class mail on the local agency.
5. The Proof of Service must be completed and returned for filing with the Court at least 5 days prior to the hearing.

I appeal to the Superior Court, as provided by law, from the final decision of the local agency on the Administrative Review of my citation.

Appellant's Name

Citation Number

Date

Appellant's Signature

NOTICE OF APPEAL (CODE ENFORCEMENT)