



**CITY OF SANTA MONICA**  
**REQUEST FOR HEARING BY HEARING EXAMINER**

This request for hearing is made by:

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Name

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Name of Business or Other Entity

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Mailing Address	City	State	Zip Code
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Telephone	Fax	Email (optional)
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**IF YOU WISH TO APPEAL AN ACTION TAKEN BY THE CITY OF SANTA MONICA BEFORE A HEARING EXAMINER, YOU MUST ATTACH A COPY OF THE WRITTEN NOTICE OF ACTION TAKEN BY THE CITY AND THE REASON FOR YOUR REQUEST FOR HEARING.**

Use the space below to state the reasons for your request for hearing

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DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**FILE THIS FORM WITH:**

The Office of the City Clerk  
Santa Monica City Hall  
1685 Main Street, Room 102  
Santa Monica, CA 90401

**Written Notice of Action Attached**

**Factual and Legal Basis Stated**

The City Clerk's Office will transmit this form to the City Attorney. For questions regarding your hearing, please call the City Attorney's Office at (310) 458-8336.