Choose a location

APPELLANT (*NAME AND ADDRESS*): TELEPHONE NO.:	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ISSUING AGENCY *(NAME AND ADDRESS)*:	
NOTICE OF APPEAL - PARKING	CASE NUMBER:

As appellant in the above entitled action, I hereby appeal the final administrative decision of the issuing agency, to the Superior Court of California, County of Santa Barbara.

- **Parking citation number: _____**
- **Date the citation was issued by the above issuing agency: _____**
- **The agency administrative hearing was:** [ ] **Personal Conference**
  [ ] **Decision rendered by Mail**
- **Date of mailing of final decision:_____, OR;**
- **Date of personal delivery of final decision:_____.**

I understand that:

1. **This Notice of Appeal must be filed within 30 days after the mailing or the personal delivery of the final decision by the issuing agency;**
2. **This Notice of Appeal must be served on the issuing agency, at the above address;**
3. **Proof of Service must be filed with the Court at least 10 days prior to the hearing date or the Court will not proceed on this appeal.**
4. **The issuing agency is NOT required to appear. They must submit their case in writing within 15 days of this request.**

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Date:

_____ _____

(TYPE OR PRINT NAME) **(SIGNATURE OF APPELLANT OR ATTORNEY FOR APPELLANT)**

NOTICE TO AGENCY

You are hereby notified to submit your case in writing to the above listed Court within 15 days of this date.

A hearing will be conducted at the above listed Court on the date and time LAST SHOWN IN THE BOX BELOW.

DATE	DAY	TIME	PLACE	C/U
1.				
2.				
3.				

Angela Braun, Executive Officer

Filed on (date): _____ **By _____, Deputy**

Clear Fields Print Form