

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address and telephone #): STATE BAR NO: ATTORNEY FOR (Name):	FOR COURT USE ONLY
MARIN COUNTY SUPERIOR COURT 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
APPELLANT: NAME: _____ ADDRESS: _____ _____	
NOTICE OF ADMINISTRATIVE APPEAL - GENERAL Government Code § 53069.4(b)(1)	CASE NUMBER: _____

As the appellant, I hereby appeal the final administrative order/decision of an official at *(local agency)* _____ issued on: _____. The mailing date of the final administrative order/decision was: _____.

MANDATORY REQUIREMENTS

- This *Notice of Appeal* must be filed with the court within **20 days** after service of the final administrative order/decision;
- A filing fee of \$25.00 is required at the time of filing;
- No later than **15 days** subsequent to filing *Notice of Appeal*, you must file proof of service with this court that the local agency was served with this *Notice of Appeal* either in person or by first-class mail; and
- Failure to comply with each of these requirements may result in the dismissal of your appeal or denial of a de novo hearing.

I declare under penalty of perjury that the foregoing is true and correct.

DATE

APPELLANT'S SIGNATURE

A hearing will be conducted at the Marin County Superior Court on _____
at _____ AM / PM in courtroom _____.

JAMES M. KIM
Court Executive Officer

Date: _____

By: _____
DEPUTY

Upon receipt of this notice, the local agency shall be responsible for sending the complete file to the Marin County Superior Court within 15 days.