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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address and telephone #):<br><br>STATE BAR NO:<br>ATTORNEY FOR (Name): | <b>FOR COURT USE ONLY</b> |
| <b>MARIN COUNTY SUPERIOR COURT</b><br>3501 Civic Center Drive<br>P.O. Box 4988<br>San Rafael, CA 94913-4988      |                           |
| <b>APPELLANT:</b><br>NAME: _____<br>ADDRESS: _____<br>_____  |                           |
| <b>NOTICE OF APPEAL - PARKING</b>  | CASE NUMBER: _____        |

As the appellant, I hereby appeal the final administrative decision on parking citation no. \_\_\_\_\_ which was originally issued by \_\_\_\_\_ on \_\_\_\_\_.

The hearing was:     Personal Conference     Decision Rendered by Mail

Date of mailing of final decision by issuing agency: \_\_\_\_\_.

**MANDATORY REQUIREMENTS**

- This **Notice of Appeal** must be filed within **30 days** after personal delivery or within **35 days** after mailing (*Code of Civil Procedure § 1013*) of the issuing agency's decision to the appellant;
- A filing fee of \$25.00 is required at the time of filing;
- No later than **10 days prior** to the de novo hearing (*see date below*), you must file proof of service with this court that the issuing agency was served with this *Notice of Appeal*; 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 issuing agency shall be responsible for sending the complete file to the Marin County Superior Court within 15 days.**