

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

As the contestant in the above entitled action, I hereby appeal the final administrative order/decision of the _____ Officer issued on: _____.

The mailing date of the final administrative order/decision by the _____ was: _____.

MANDATORY REQUIREMENTS

- This *Notice of Appeal* must be filed with the Court within 20 days after service of the final administrative order/decision by the _____;
- 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: _____ _____
SIGNATURE OF CONTESTANT

A hearing will be conducted at the Marin County Superior Court, Hall of Justice, San Rafael, California, on the date and time indicated below:

DATE	TIME
	AM / PM

KIM TURNER
 Court Executive Officer

Date: _____ By: _____
DEPUTY

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