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