

Prepared by: _____

On behalf of (if applicable): _____

Address: _____

Phone #: _____ Fax #: _____

E-mail: _____

**This form must be filled out by an authorized person or proprietor.*

To submit this form:

*Appeal forms will be accepted no later than 5:30 p.m. within 10 calendar days after the Hearing Officer's decision date. Should the 10th day land on a Friday, the form shall be submitted no later than 4:30 p.m.

Personal or Mail Delivery: The request form shall be filed with the Planning Department c/o Patricia Salazar, Attn: Tobacco Retailer Appeal, at 23825 Stuart Ranch Road, Malibu, CA 90265. Postmark dates will not be accepted.

By Fax: Fax to (310) 456-7650 Planning Department c/o Patricia Salazar, Senior Administrative Analyst, Attn: Tobacco Retailer Appeal. Late faxes will not be accepted.

For more Information, contact Patricia Salazar, Senior Administrative Analyst, at (310) 456-2489 ext. 245.

Note: Staff shall confirm receipt of the request by providing a date-stamped copy of the appeal form. A letter confirming a hearing date and time will be sent to the appellant via certified mail.

PRINT NAME

SIGNATURE

DATE

OFFICE USE ONLY

Date Form submitted: _____ Received by: _____