NEW CASTLE COUNTY
OFFICE OF CODE ENFORCEMENT
TICKET APPEAL FORM

If you received a ticket from the Office of Code Enforcement, you have **ten (10) business days from the date of the citation** in which to either request a hearing before an administrative hearing officer or submit the written grounds for your appeal to the Land Use Code Official.

If you want a **hearing**, for which your attendance is required, please complete Parts I and III of this appeal request form, sign, date and return this form to: *New Castle County, Office of Code Enforcement, 87 Reads Way, New Castle, DE 19720.*

If you want a **written appeal**, in lieu of attending a hearing before an administrative hearing officer, please complete Parts I, II and III of this appeal request form, sign, date and return this form to: *New Castle County, Office of Code Enforcement, 87 Reads Way, New Castle, DE 19720.*

Please note that a $20 administrative fee will be assessed to cover the cost of the appeal ONLY if the appeal is denied by the administrative hearing officer.

PART I - IDENTIFICATION

Appellant: Name: _____ Phone # __(_____)_____-_____

Street: _____ City _____ State _____ ZIP _____

Citation: Case Number _____ Ticket (Citation) Number _____

Property Address _____

Citations issued: _____

☐ I am requesting a hearing before an administrative hearing officer (*Check for administrative hearing*)

PART II - GROUNDS FOR WRITTEN APPEAL

Each ticket (citation) must be appealed separately

- Basis for appeal: _____

_____

_____

_____

- Additional information or extenuating circumstances _____

_____

--Please attach additional pages, if necessary. There is no limit on the amount of additional information and/or photos.

PART III - AFFIRMATIONS

(*Please initial **each** of the following statements*)

_____ I am the owner (or person responsible) for the above mentioned property

_____ I understand that I have the **option** of a hearing before an administrative hearing officer or completing the above section entitled "Grounds For Written Appeal" and having the administrative hearing officer perform a written review of my appeal

_____ I am aware that a **$20 administrative hearing fee** will be assessed, in addition to the cost of the citation in the event that my appeal is denied by the administrative hearing officer.

_____ I am aware that this form (and any supplemental materials) **must be received** by the Land Use Code Official **within ten (10) business days** of the date of the citation.

Appellant Signature _____ Date: _____

Email address: _____