



CITY OF NEWPORT BEACH

REVENUE DIVISION

100 CIVIC CENTER DRIVE ● P.O. BOX 1768

NEWPORT BEACH, CA 92658-8915

949-644-3141 ● Fax 949-644-3073

RevenueHelp@newportbeachca.gov ● www.newportbeachca.gov/Revenue

REQUEST FOR APPEAL

Please print or type in **BLACK** ink only. A complete mailing address is required.

Name of Business: _____ Account Number(s): _____

Name of Contact: _____ Telephone #: _____

Address: _____ Email: _____

City/State/Zip: _____

Specify below the basis of the appeal, the amount(s) due to the City or violation or violation contested, or you may attach a written statement. **BLACK** ink only.

Name (Printed) Signature Date

THIS SECTION WILL BE COMPLETED BY THE CITY OF NEWPORT BEACH

The City of Newport Beach has granted your request for a hearing.

Hearing scheduled for _____ (date) and _____ (time).

**HEARINGS WILL TAKE PLACE AT CITY HALL
100 CIVIC CENTER DR., NEWPORT BEACH, CA, 92660
1ST FLOOR, BAY A, CUSTOMER SERVICE CONFERENCE ROOM**

You MUST call to confirm that you will be attending your assigned hearing date and time by 5:00 pm on _____. Failure to confirm your scheduled hearing date will result in the hearing being canceled. Hearings that have not been confirmed will not be rescheduled and your opportunity to appeal will be forfeited.

If, for any reason, you will not be available for your hearing date and time, you **must** contact the Revenue Division by calling **949-644-3137**, or in person at City Hall, 100 Civic Center Dr., Newport Beach, CA 92660, 1ST Floor, Bay A, Customer Service Center prior to the hearing date. *The City and responsible person may mutually agree to waive, modify, or change the date of the proceedings.*

FOR OFFICE USE ONLY

Date Request Received: _____ Receipt Number and Date: _____