

APPEAL OF FEE TO THE DEPARTMENT



(Pursuant to Sections 161.1001.A.1 and 161.1002 of the Los Angeles Housing Code)
CED FORM # 1. REV DATE: 08-13-2018

A. What is the purpose of this form?

Any party wishing to appeal a fee imposed pursuant to Division 9 of the Los Angeles Housing Code (Article I, Chapter XVI of the Los Angeles Municipal Code), except a fee associated with prosecution, may file this form. Before submitting this form, you may consider contacting staff at the number provided on the statement/invoice if you have any questions.

ATTENTION: If you are appealing an annual delinquent fee and/or inspection late fee, you must submit an “Administrative Penalty Appeal” form provided by the Department, however, the regular fees **MUST** be paid prior to filing the Administrative Penalty Appeal form.

B. When to file this form?

This form must be filed with the Department within fifteen (15) days of service of the statement/invoice of the challenged fee.

C. Where to file this form?

This form will be accepted at our public counter or by mail at the following addresses:

LAHD CENTRAL OFFICE 3550 Wilshire Blvd, Suite 1500 Los Angeles, CA 90010	LAHD EAST OFFICE 2130 E. 1 st Street, Suite 2600 Los Angeles, CA 90031	LAHD WEST OFFICE 1645 Corinth Ave, Suite 104 Los Angeles, CA 90025
LAHD NORTH OFFICE 6400 Laurel Canyon Blvd., Suite 610 North Hollywood, CA 91606	LAHD SOUTH OFFICE 690 Knox Street, Suite 125 Torrance, CA 90502	

D. How to prepare this form?

- Read and follow all instructions provided on this page. If you are the person appealing, you are the “Appellant.”
- Complete all parts (A-C) on page 2. If you do not have the information, write N/A.
- Read, sign and date part D on page 2.
- Identify all supporting documents by writing the case number and invoice/statement number on bottom right of each page.
- The Appellant has the burden of proving the basis of the appeal by a preponderance of the evidence.
- Make sure to attach a copy of the contested fee statement/invoice with this form.
- For more information on Appeals, please refer to Section 161.1002 of the Los Angeles Municipal Code.

DI. Is there a fee required to be submitted with this form?

Yes, you must submit an Appeals Processing Fee (APF) with this form. If mailing the form, attach a check or money order for exactly one hundred and twenty-eight dollars (U.S. \$128) made payable to “City of Los Angeles-LAHD.” Be sure to write the parcel number (APN) and statement/invoice number on your check. To pay the filing fee by credit card or cash, please visit one of the above locations. Approval of your appeal does not mean that your APF will be refunded to you. The APF will be refunded only upon finding of Department error.

DII. What is the Appeals Process?

After processing your form and the APF, the Department will review your appeal. You will receive a decision in writing within thirty (30) days of filing the appeal or within such further time as may be required to review the appeal. Filing of the appeal shall stay enforcement of challenged fee, pending Department’s decision. The Department’s decision is the final administrative decision; however, you may appeal the Department’s decision by filing an action in a court of competent jurisdiction. If you have any questions regarding the appeals process or would like to know the status of your appeal, kindly call the number provided on the order and request to speak with the Senior Inspector by providing the APN and/or LAHD case number.

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PART A: PROPERTY-APPELLANT INFORMATION

APN #: _____

Property Address: _____

Owner's Name: _____

Appellant's Name: _____

Appellant's status: Owner Authorized Agent/Representative
 Other: _____

Appellant's Mailing Address: _____

Appellant's Phone #: _____

Appellant's Email: _____

THIS SPACE FOR LAHD OFFICE USE ONLY

Place received stamp here

Appeals Processing Fee Paid? Yes No

Payment Type: Cash CC Check: _____

Office: East West North South Central

Processed By: _____

PART B: FEE INFORMATION

Invoice/Statement ID #: _____ Date of Invoice/Statement: _____ LAHD Case #: _____

Total Invoice/Statement Amount: \$ _____ Amount Appealed: \$ _____

PART C: BASIS FOR APPEAL (JUSTIFICATION)

The Department may only reverse or modify an action upon finding an error of law, error of fact, or abuse of discretion. Please describe, specifically, how the imposition of the fee was in error or constituted an abuse of discretion.

Check this box if you are attaching additional sheets and/or documents/photos/permits etc.

PART D: ACKNOWLEDGEMENT AND SIGNATURE OF APPELLANT

I have read and understood all instructions provided on page 1 and I declare that the information stated in this form and any accompanying documents is true and correct to the best of my knowledge.

Appellant's Signature: _____ Date: _____