



City of Sioux Falls Appeal of Administrative or Health Citation

Citation appeals require a \$50 processing fee due at filing.
The process fee is refunded to successful appellants.

Appeals may
be filed at:

Health Department
521 North Main Avenue
Sioux Falls, SD 57104
605-367-8760

or

Planning and Development Services
First Floor—City Center
231 North Dakota Avenue
Sioux Falls, SD 57104
605-367-8670

Case Number: _____

Citation Number: _____

Citation Issue Date: _____

Appellant: Last Name: _____

First Name: _____

Middle Name: _____

Phone Number: _____

Daytime Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Type of Citation:

First Citation \$100

Second Citation \$200

Third Citation \$300

Dated: _____

Dated: _____

Dated: _____

Reason for Objection:

Hearings are presumed open to the public unless good cause is presented to the hearing officer. I request:

Open Hearing. I request an open hearing.

Closed Hearing. I request a closed hearing due to the following reason:

If using a legal representative, provide the name, address, and phone number:

By signing below, you attest that you have read and understand the citation appeals information provided and will be notified by registered mail within 15 days by the City of Sioux Falls Attorney's Office of the hearing date, time, and location.

Signature: _____ Date: _____