

OFFICE OF THE CITY ADMINISTRATOR

Gavin Newsom, Mayor Edwin M. Lee, City Administrator

Food Service Waste Reduction Ordinance Administrative Citation

	Citation No.: Citation Date:				
	Appeal/Payment Due Date:				
Issued to:					
Business Name: _					
Location of Violation: _					
Mailing Address: _					<u>.</u>
Violation	Descript	ion		Inspection	on Date(s)
Use of polystyrene foan		1603.	moposion bala(a)		
				Fine Due	Enforcement
				Fille Due	Cost Assessed
				Total Am	nount Due
				TOTAL ALI	lount Due
by the due date indicated above. Failure to pay the fine or request a hearing shall be deemed as an admission that the citied party or entity committed the violation identified on the Administrative Citation. Continued violation of this ordinance may result in further fines. Any violation by a City Contractor or Lessee may be referred to the contract awarding department for appropriate sanctions, Ord. 295-06; §1605(c). To request an appeal hearing, or to request an inspection for verification that you have come into compliance, please complete, sign, and return the attached Notice of Appeal. To pay the fine, please make your check or money order payable to the City and County of San Francisco, and send to the City Administrator together with the stub below. Please write the citation number on your check or money order. A postage-paid self-addressed envelope is enclosed for your use in sending the appeal/inspection request form, or for paying your fine. For additional information, please visit the City Administrator's website at http://www.sfgov.org/site/fswr_index.asp, or call (415) 554-6927. Accounts not paid in full within 90 days will be transferred to the Bureau of Delinquent Revenue for enforced collection and interests, costs and fees will be charged.					
Issued by Olga A. Ryers Office of the C	(Edwin M. Lee City Administrator City Hall, Room 362 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102			
Pleas	se cut at perforation and sen	d bottom stub with	h your pay	ment	
Food Waste Reduction Ordinance Office of the City Administrator City Hall, Room 362 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102					
Business Name		Citation Number		Payment Due Date	
Contact Name	Mailing Address			Fine Due	Enforcement
Or authorized agent:	If different from above, write her	e:		Total Amou	int Due

Total Amount Paid