CITY OF GARDENA

APPEAL INFORMATION FORM

TO: City of Gardena
1700 West 162nd Street
Gardena, CA 90247

Contact Information: (Please Print)

Name: _____

Address: _____

_____

Contact Phone #: _____

Type of Appeal (Please check one)

☐ Adult Establishment ☐ Card Club Employee ☐ Massage Establishment ☐ Massage Technician ☐ Other:

The Fee for Appeal of Any Staff Determination to the City Manager is $452.00

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Date SIGNATURE

(For more space, please request another sheet)

FOR OFFICIAL USE ONLY

cc: City Manager
City Attorney
Chief of Police
Community Development Department