EMAIL: cityclerk@cityofgardena.org
www.cityofgardena.org / PHONE (310) 217-9565

APPEAL INFORMATION FORM

Name:	Today Date:
Address:	Phone No:
City: Zip Code:	Email:
TYPE TO APPEAL (PLEASE CHECK ONE): The fee for appeal of any staff determination to the City Manager is \$937.00	
☐ Card Club Employee ☐ Massage Establishment ☐ Massage Technician ☐ Other	
Signature:	Date:
FOR OFFICE USE ONLY	
Copy to: ☐ City Manager ☐ City Attorney ☐ Chief of Police ☐ Community Development Department	