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 or Planning and Development Services
521 North Main Avenue or First Floor—City Center
Sioux Falls, SD 57104 231 North Dakota Avenue
605-367-8760 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: __________________________