



NOTICE OF INTENT TO IMPOUND

DATE OF NOTICE:	TIME OF NOTICE:	DAY OF THE WEEK:	LOCATION:
-----------------	-----------------	------------------	-----------

Notice Issued To (if known):	Sidewalk Vending Permit No. (if known and applicable):	
Address Information (if known):		
City:	State:	Zip Code:
Phone Number (if known)		

Description of Items to be Impounded: _____

Grounds for Impound (check all that apply):

- ☐ SCMC 5.82.120(a)(1): items reasonably appear to be abandoned on public property.
- ☐ SCMC 5.82.120(a)(2): vendor operates in violation of SCMC 5.82; refuses or fails to provide identification in violation of SCMC 5.82.111(f); and refuses to move their items after being instructed to do so.
- ☐ SCMC 5.82.120(a)(3): vendor does not possess necessary sidewalk vending or, if applicable, park vending permit; and refuses to move their items after being instructed to do so.
- ☐ SCMC 5.82.120(a)(4): vendor is creating an imminent or substantial safety or environmental hazard by the location of vending or the nature of goods for sale; and refuses to move their items after being instructed to do so.
- ☐ SCMC 5.82.120(a)(5): vendor has been cited four or more times with violating SCMC 5.82 within 24-months.

Additional factual basis for impounding: _____

Issuing Employee/Officer Name:	Signature:	Date:
--------------------------------	------------	-------

For questions regarding this notice of intent to impound, contact the Code Compliance Division at (831) 420-5110.

PEASE BE ADVISED THAT ITEMS THAT ARE PERISHABLE OR CANNOT BE STORED SAFELY WILL BE DISCARDED.

YOU MAY RETRIEVE IMPOUNDED ITEMS AT (check all that apply):

<input type="checkbox"/> City of Santa Cruz, Code Compliance 809 Center St, Room 107, Santa Cruz, CA 95060	<input type="checkbox"/> Private Tow Company (insert name, address, and phone number): _____ _____
--	--

You will have to show proof of ownership to recover your items and pay any impound fees. Items will only be stored for 90 calendar days from the date listed above before they will be deemed abandoned and forfeited.

SEE REVERSE SIDE FOR MORE INFORMATION

Appeal Rights (Contesting an Impoundment)

How to Contest: You may contest the decision to impound your items within 10 calendar days of the date of impound. Pursuant to SCMC Chapter 4.20, you have the right to contest hearing before an independent hearing officer. To request a hearing, complete the section below (Request for Hearing) and deliver or mail it, together the hearing fee of \$500 to:

**City of Santa Cruz, Code Compliance Division
809 Center Street, Room 107, Santa Cruz, CA 95060**

Your Request for Hearing and the hearing fee must be received or postmarked within ten (10) calendar days of the date that your items were impounded, or you lose your right to challenge the decision to impound your items.

Hearing Procedure: After you have properly requested a hearing and paid the sums due, you will be notified in writing of the location, date, and time set for your hearing. If you are unable to appear on the scheduled hearing date, you have one opportunity to reschedule and must do so promptly, otherwise you will lose your opportunity for a hearing. If you fail to appear at your hearing, you will lose your hearing fee, as well as your chance for another hearing. At the hearing, you will have the opportunity to tell the hearing officer why the enforcement officer should not have impounded your items. The enforcement officer will explain why the citation was given.

Written Decision: The hearing officer will issue a written decision to uphold or cancel the impounding of your items with reasons within ten (10) days after the conclusion of the hearing. You will receive a copy of the hearing officer's written decision. If the hearing officer agrees with you the hearing officer will require the City to return the impounded items and refund the hearing fee. If the hearing officer agrees with the City, the City shall keep the hearing fee and you can retrieve your items following the procedure on the impound notice.

REQUEST FOR HEARING

1) Name:

2) Mailing Address:

3) Phone Number:

4) Reason for Appeal:

(Please include the hearing fee of \$500)