

Office of the Special Master
1700 Convention Center Drive, 1st Floor
Miami Beach, Florida 33139
Telephone: 305.673.7181

For Office Use Only

APPEAL CASE: SMA # _____

Date/Time Appeal Received: _____

NOTICE OF APPEAL TO SPECIAL MASTER

INSTRUCTIONS:

An appeal of a Notice of Violation must be timely filed. **Failure to seek an appeal within the proscribed appeal time, will constitute a waiver of the violator's right to the administrative hearing, and shall be deemed an admission of the violation.**

The appeal must include your name, mailing address, daytime telephone number and a copy of the Notice of Violation (front and back).

Simultaneously with your written appeal, you must submit a \$100 appeal fee. Checks must be made payable to the City of Miami Beach. If you prevail in your appeal, your appeal fee will be refunded.

If you wish to utilize this Notice of Appeal form, answer all questions as completely as possible.

You may attach an explanatory letter and/or documents that you think will help the Special Master evaluate your appeal.

Return your written appeal and/or this Notice of Appeal form to the Office of the Special Master, 1700 Convention Center Drive, 1st Floor, Miami Beach, FL 33139.

Keep copies of all documents you submit to the Clerk of the Special Master for your records.

NOTICE OF VIOLATION NUMBER: _____

APPELLANT/VIOLATOR:

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: (____) _____ E-MAIL: _____

ADDRESS OF VIOLATION: _____

I, the Appellant named above, wish to appeal the above-referenced Notice of Violation.

Appellant's Signature Date

Appellant's Printed Name

Additional Information To Be Provided If Represented By An Attorney:

ATTORNEY NAME: _____ FLORIDA BAR NUMBER: _____

ADDRESS: _____

TELEPHONE: (____) _____ E-MAIL: _____

Attorney's Signature Date

Notice to Appellant/Attorney: The Special Master Clerk will send a Notice of Hearing to the mailing address of the Appellant or, if represented by an attorney, to the attorney indicated on this form.

CLERK OF THE SPECIAL MASTER USE ONLY

Payment Method: Check Cash Credit Card

Timely Appealed: Yes No

Processed by: _____

Copy of Violation Attached (front and back) Yes No

MCR No.: _____

Date: _____