



Request For Administrative Hearing

Date: _____

Name (First and Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Email Address: _____

Citation Number: _____ Citation Date / Time: _____

Informal Review of Administrative Citation Date: _____

Applicant Signature

Date

----- OFFICE USE ONLY -----

Citation#: _____

Received Stamp:

Intake Staff Initials: _____

City Clerk Review: _____