



# HEARING REQUEST FORM CITATION COMPLAINTS

NAME OF PERSON OR COMPANY CITATION WAS ISSUED TO:

\_\_\_\_\_

CPC NO. or DRC NO. (if applicable) \_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CITATION NO(s): \_\_\_\_\_

**ACCEPTED FOR FILING BY THE CLERK:**

**DOCKET NO.**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Hearing Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EXPLANATION FOR HEARING REQUEST (required)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBMITTED BY:** \_\_\_\_\_

PRINT NAME

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_