

City of Ozawkie

Request for hearing before the Hearing Board

Date of request: _____

Name of person requesting a hearing: _____

Address: _____

STREET ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP CODE

Purpose of hearing: Ordinance Violation Other (Indicate below reason for request.)

Comments:

Signature: _____ Date: _____

***** OFFICE USE ONLY*****

Date requested in filed: _____ Person accepting request: _____

Date of hearing: _____ Time of hearing: _____

Record of determination:

Resolution # _____ Date of adoption: _____ Date of service: _____