



# City of Albuquerque

## Independent Hearing Office

### NOTICE OF APPEAL AND REQUEST FOR HEARING

The Notice of Appeal and Request for Hearing shall be filed within **15 days** of receipt of the notice advising a person of their right to a hearing or appeal. You will be notified by certified mail of the date, time, and location of the hearing.

You may Appeal online at: [cabq.gov/appeals](http://cabq.gov/appeals) or submit this form along with a copy of the citation to:

Office of the City Clerk  
P.O. Box 1293  
Albuquerque, NM 87103

Date of Notice: \_\_\_\_\_ Department File Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### REASON FOR APPEAL

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**If additional space is needed, please attach a separate sheet**

By signing this document, I, \_\_\_\_\_ (name) swear or affirm the information above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Any person with a disability who is in need of assistance or who requires an interpreter to fill out this form should contact the City Clerk's office at 505-924-3650.