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 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:_____ Emai _____

REASON FOR APPEAL

_____

_____

_____

_____

_____

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.