 City of Albuquerque

 Office of Administrative Hearings

**Notice of Appeal and Request for Hearings**

You will be notified by certified mail, of the date, time and location of the hearing.

Date

Print Name

Address (#, Street Name, Apt#)

City, State and Zip Code

Phone #

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Action

**Reason for Appeal:**