



City of Albuquerque

Office of Administrative Hearings

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. If you have any questions or want to confirm receipt of your appeal, please contact the Office of the City Clerk at: **505-924-3650** or email **summonsandappeals@cabq.gov**.

This form along with a copy of the citation must be sent to:

summonsandappeals@cabq.gov

or

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

Date of Notice: _____ Department File Number: _____

INFORMATION OF THE PERSON or BUSINESS FILING THE APPEAL

Name: _____

Mailing Address (#, Street Name, Apt#): _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____ Email: _____

REASON FOR APPEAL

Authority for the Request and Appeal: _____

Action Being Challenged/What the City Did That Are Asking To Change:

Remedy You Are Seeking/What You Are Asking the City To Do: (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 or email summonsandappeals@cabq.gov.