



# 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](mailto:summonsandappeals@cabq.gov).**