

# CITY OF BEMIDJI REQUEST FOR HEARING ~ ADMINISTRATIVE FINE

Requestor \_\_\_\_\_ Phone # \_\_\_\_\_

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

Ticket No. and Date \_\_\_\_\_

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

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

Hearing: If you feel that the ticket you received was not issued in accordance with state and local regulations, you may request a Hearing.

Payment for Cost of Hearing: The City shall provide the requestor with an estimate of the requesting party's share of that cost. The requestor must provide payment of that estimated cost to the City no later than **48 hours** in advance of the scheduled hearing. Refer to City code Chapter 1, Section 1-14, Subd. 8, (c) regarding payment for cost of hearing.

Optional Court Appearance: IF YOU WISH TO DISPUTE THE CITATION IN COURT, YOU MAY REFRAIN FROM PAYING THE TICKET AT THIS TIME AND WAIT FOR A CITATION. THE CITATION MAY RESULT IN INCREASED COSTS IF YOU ARE NOT SUCCESSFUL IN YOUR ARGUMENT TO THE COURT.

Briefly state the reason you feel the ticket was not issued in accordance with state and local regulations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use backside for additional space, if needed)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Date Appeal Rec'd \_\_\_\_\_

Est. Cost of Hearing \_\_\_\_\_  
(1/2 paid by Requestor 48 hrs prior to hearing)

Date/Time of Hearing \_\_\_\_\_

Payment Rec'd \_\_\_\_\_

Mailed Ntc of Hearing \_\_\_\_\_

Hearing Officer \_\_\_\_\_

Disposition \_\_\_\_\_