



REQUEST FOR APPEAL HEARING

General Instructions: In accordance with Chapter 119 of the ORC, you have 30 days from the mailing date of an adjudication order or date of receipt of a citation to request an appeal hearing. Complete the form below with all information required. Include with your request a copy of the adjudication/citation order. Also check the method of payment for the \$200.00 processing fee. If paying by check make payable to the "Treasurer, State of Ohio" and mail to the address listed below. If paying by credit card provide an email address below.

APPLICANT

Name: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Telephone: \_\_\_\_\_
E-Mail: \_\_\_\_\_

OWNER

Name: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Telephone: \_\_\_\_\_
E-Mail: \_\_\_\_\_

Method of Payment: [ ] Check [ ] Credit Card-E-mail Address: \_\_\_\_\_

ADJUDICATION /CITATION ORDER INFORMATION

Adjudication/Citation Order Number: \_\_\_\_\_
Building Department Issuing Order: \_\_\_\_\_
Fire Department with Jurisdiction: \_\_\_\_\_
County in Which Project is Located: \_\_\_\_\_

ITEM(S) BEING APPEALED
(List Items Being Appealed by Correction Letter Number and/or Item Number)

[Empty lines for listing items being appealed]

