

HEARINGS

CONTESTED HEARING

This form must be filled out completely by a member of the public and filed with the General Manager or designee at least 10 days prior to a contested hearing, in accordance with the policy established by the Board or any exceptions outlined therein.

1. Name _____

2. Address _____

3. Home telephone _____

4. If you will be represented during the hearing, please identify the person or organization representing you.

Name _____

Address _____

_____ Telephone number _____

5. Please state the date of the event or series of events resulting in this hearing.

6. Please state your position, including the individual harm alleged.

7. Please state specific facts that support your position *(list in detail)*.

8. Please state the remedy you seek from this hearing.

Signature of Complainant

Date Submitted

Received by:

General Manager or designee

Date