REQUEST FOR HEARING FORM

Please attach a copy of the Notice of Seizure Form to this request. You must pay a \$50.00 filing fee and submit to the City Hearing Officer, P.O. Box 1293, Alb., NM 87103. (505) 768-4545

	(Year, make, model and color of subject vehicle) (VIN) (License Plate)
	Date of Seizure/Arrest of Offender
Person Requesting Hearing:	(Name) (address)
	(phone numbers)
Are you the registered owner of the vehicl If you are not the registered owner, please	
Are you also the offender? [] Yes [If you are not the offender, please state yo	-
Please state how the offender obtained the	e vehicle?
• •	r DWI arrest of offender? [] Yes [] No ty should order the vehicle released to you:
Will you require a translator for the hearing I hereby certify that all the above information	
The Hearing Officer may reject any Reque	est if the requested information is not provided.
Signature Required	