

APPENDIX A TO CODE OF ORDINANCES

**REQUEST FOR ADMINISTRATIVE HEARING**

To: City Clerk, City of Washington  
215 East Washington St.  
Washington, IA 52353

Date of Request: \_\_\_\_\_

Name and Contact Information of Person Requesting Administrative Hearing:

(Please print or type) :

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Email (optional) \_\_\_\_\_

Explain what you think is wrong about the city's action, and why you want an administrative hearing.  
You can attach additional pages or write on the back, also.

Please also attach a copy of the notice and any other documents you want considered.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

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For office use only:

\_\_\_\_\_ Date received