



**CITY OF BEACON
NEW YORK
REQUEST FOR HEARING**

Name: _____ Date: _____

Telephone: _____ Email: _____

Address: _____

Address of Violation (if different from above):

Date of Violation: _____

Please describe reason why notice should be modified or withdrawn:
(attach additional pages if needed)

****Request for Hearing fee is \$50.00 & must be submitted with application. Return to below:**

**City of Beacon
Attention: City Administrator
1 Municipal Plaza, Suite 1
Beacon, NY 12508**

One Municipal Plaza, Suite One, Beacon, New York 12508

Phone: 845-838-5000

Fax: 845-838-5012

www.beaconny.gov