



**REQUEST FOR WRITTEN HEARING**

VILLAGE OF HOFFMAN ESTATES

1900 Hassell Rd, Hoffman Estates, IL 60169

Phone 847-843-4805 Fax 847-843-4822

[www.hoffmanestates.org](http://www.hoffmanestates.org)

Today's Date \_\_\_\_\_

Citation No. \_\_\_\_\_

Name of the Violator: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

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

**STATEMENT/TESTIMONY**

---

---

---

---

---

---

---

---

---

---

Copies of documentation attached? Yes \_\_\_\_\_ No \_\_\_\_\_

I swear that the above is a true and accurate statement. I understand that I have waived my right to in-person hearing and that the hearing officer will make his/her decision with the documentation I have provided. I also understand that the decision of the hearing officer is final.

\_\_\_\_\_  
Signature

You will be notified of the judgement within 14 days of the hearing date.