



HEARING REQUEST FORM – CIVIL SERVICE BOARD

Request must state the specific reason for the appeal request and the section or provision of the Rules under which the appeal is being submitted.

Today's Date _____

Appellant Information

Appellant Full Name _____

Last _____ *First* _____ *M.I.* _____

Address _____
Street Address _____ *Apartment/Unit #* _____

City _____ *State* _____ *ZIP Code* _____

Primary Phone () _____ Alternate Phone () _____

E-mail Address _____

Basis of Appeal (Please cite Civil Service Rules section.): _____

Date of Alleged Rules Violation _____ City Department _____

Representative Information

Representative Name _____

Address _____
Street Address _____ *Apartment/Unit #* _____

City _____ *State* _____ *ZIP Code* _____

Primary Phone () _____ Alternate Phone () _____

E-mail Address _____

Representative Type: Union _____ Attorney _____ Other _____

I am available the following third Thursdays of the month over the next three months to present the appeal:

Estimated Number of Hours to Present: _____