

REQUEST FOR HEARING

Please attach a copy of the Notice of Vehicle Seizure Form to this request and hand deliver to City of Albuquerque Hearing Officer, Government Center, One Civic Plaza, 400 Marquette, NW, 7th Floor, Room 7077 (Boards & Commissions), Telephone No. (505) 768-4545. You must pay a \$50.00 filing fee (payment must be in the form of a certified bank check or money order) made payable to the "City of Albuquerque". Mailing address: City of Albuquerque Hearing Officer - P.O. Box 1293 - Albuquerque, NM 87103

_____ (Year, make, model and color of subject vehicle)
_____ (VIN) - Vehicle Identification Number
_____ (License Plate)
_____ Date of Seizure/Arrest
_____ Name of Person Arrested (Offender)

Person Requesting Hearing

_____ (Name)
_____ (Address)
_____ (Phone Numbers)

Are you the registered/titled owner of the vehicle? Yes No

If you are not the registered owner, please state why you are requesting a hearing.

Are you also the offender? Yes No

If you are not the offender, please state your relationship to the offender.

Please state how the offender obtained the vehicle?

Has this vehicle been involved in any prior DWI arrest of offender? Yes No

Please write a short statement why the City should order the vehicle released to you.

Will you require a translator for the hearing? Yes No Language: _____

I hereby certify that all the above information is true to the best of my knowledge.

The Hearing Officer may reject any Request if the requested information is not provided.

Signature Required