

REQUEST FOR HEARING FORM

Please attach a copy of the Notice of Seizure Form to this request. You must pay a \$50.00 filing fee and submit to the City Hearing Officer, P.O. Box 1293, Alb., NM 87103. (505) 768-4545

\_\_\_\_\_ (Year, make, model and color of subject vehicle)  
\_\_\_\_\_ (VIN)  
\_\_\_\_\_ (License Plate)  
\_\_\_\_\_ Date of Seizure/Arrest of Offender

Person Requesting Hearing:

\_\_\_\_\_ (Name)  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (phone numbers)

Are you the registered 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 the 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    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