

# REQUEST FOR APPEAL AND HEARING

Olmsted County, Minnesota

## To be filled out by the County Department providing the form:

|  |  |
|--|--|
| Department Name  |  |
| Ordinance Number(s)  |  |
| Permit or License Number (if applicable)                               |  |
| Date of Notice Being Appealed  |  |
| Name, Mailing Address, E-Mail Address of Person/Business Appealing     |  |
| Physical Address/Legal Description for any Land affected by the Appeal |  |
| Date Request for Appeal Provided                                       |  |
| Deadline to Receive Request for Appeal                                 |  |

## How to request an appeal:

1. Fill out this form.
2. Attach a copy of the Notice you received from the County Department.
3. Attach a check or money order for \$150.00, made out to the Olmsted County Treasurer.
4. Mail or hand-deliver these items to:

Olmsted County Department of Intergovernmental Relations  
Attention: Dave Mueller, Olmsted County Government Center  
151 4<sup>th</sup> St SE  
Rochester MN 55904

## To be filled out by the Person/Business requesting the Appeal & Hearing (please note if different from Dept. info above):

|   |  |
|---|--|
| Name of Person/Business Appealing       |  |
| Address of Person/Business Appealing    |  |
| Daytime Phone Number and E-Mail Address |  |

Check the box(es) below that apply to your situation:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I don't think I violated the County Ordinance(s)   |
| <input type="checkbox"/> | I think the Department should issue me a license or permit   |
| <input type="checkbox"/> | I think the Department should restore my license or permit   |
| <input type="checkbox"/> | I think the Department should give me an exception/challenge from the strict requirements of the Ordinance |
| <input type="checkbox"/> | I think the Department's interpretation of the Ordinance was incorrect                                     |

Give the reasons you think the Department should change their decision:

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(attach additional pages if necessary)

**I agree that all of the information I have included in this form is true and correct to the best of my knowledge, and I understand that the County will rely on it in processing my appeal.**

SIGNATURE OF PERSON/BUSINESS APPEALING: \_\_\_\_\_

File this Request for Appeal and Hearing form within thirty (30) calendar days of the date of the Notice from the Department. Once this form has been received, someone from the County will contact you to schedule the hearing.

Your appeal will be heard either by a hearing officer or in some cases, you may be able to request that your appeal be heard by a subordinate board or commission of the County. You will be notified of the options available when your hearing is scheduled.

If you have any questions, please call: 507-328-6026 or email [mueller.dave@co.olmsted.mn.us](mailto:mueller.dave@co.olmsted.mn.us)

**FOR OFFICE USE ONLY BY COUNTY DEPARTMENT OF INTERGOVERNMENTAL RELATIONS**

|  |  |
|--|--|
| Date received  |  |
| Received by  |  |
| Application fee  |  |
| Hearing date   |  |
| Hearing time   |  |
| Hearing location   |  |
| Hearing<br>Officer/Subordinate<br>Board or<br>Commission<br>Hearing Body |  |