

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 Administration
Attention: Deputy Clerk of the County Board
Olmsted County Government Center
151 4th 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:

(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: 507-328-6004.

FOR OFFICE USE ONLY BY DEPUTY CLERK TO THE OLMSTED COUNTY BOARD OF COMMISSIONERS

Date received	
Received by	
Application fee	
Hearing date	
Hearing time	
Hearing location	
Hearing Officer/Subordinate Board or Commission Hearing Body	