

## REQUEST FOR APPEAL EXTENSIONS AND HEARING RECORDINGS

USE THIS FORM TO REQUEST:

- **MORE TIME TO APPEAL, OR**
- **THE HEARING AUDIO RECORDING (TO REVIEW BEFORE APPEALING)**

**ECB and the agency responsible for the violation must receive copies of this request no more than 30 days after the mailing date of the decision.** This date is below the ALJ's signature on the front of your hearing decision.

VIOLATION NUMBER(S)

Hearing Date

**THIS REQUEST IS FOR (check one only):**

- MORE TIME TO FILE YOUR APPEAL. UNDER ECB RULES, YOU MAY REQUEST AN EXTRA TWENTY DAYS TO SERVE AND FILE YOUR APPEAL.**
- AN AUDIO RECORDING OF THE HEARING. WHEN THE RECORDING IS MAILED, YOU WILL BE GIVEN AN EXTRA TWENTY DAYS TO SERVE AND FILE YOUR APPEAL.**

Last Name

Address

First Name

City

State

Zip Code

Initial

Phone Number

E-mail

Date of Request

**I affirm that I am authorized to complete and submit this application.**

**By clicking a button below, I understand that I am signing and filing this application with ECB and the City agency. This has the same effect as signing by hand.**

**CITY AGENCIES ONLY: Attach proof of service on respondent.**