Community Development & Neighborhood Services
281 N. College Ave.
PO Box 580
Fort Collins, CO 80522
970.224.6046
970.224.6134 FAX
www.fcgov.com

Request for Administrative Review

DATE _____

PROPERTY OWNER'S NAME _____

PROPERTY OWNER'S ADDRESS _____

EMAIL _____ PHONE _____

PROPERTY ADDRESS / ZIP _____

TENANT'S NAME _____

CASE # CC_____

Your request for an administrative Review must be filed within 10 days of the invoice date. Complete this from, sign it, and return to Neighborhood Services, 281 N. College Ave., 2nd Floor.

_____ I request an administrative review be done and waive the option for a hearing before the Referee.

Please state the reason(s) abatement costs should be waived or why removal was improper.

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_____Please continue on a separate sheet if necessary

SIGNATURE DATE