

FOR CITY CLERK'S USE ONLY:

INITIALS: _____

DATE FILED: _____

Check #: _____

REQUEST FOR FAIR HEARING REVIEW

An eligible person may file a written request within fourteen (14) calendar days after the decision of the original decision maker. The request must include facts, arguments, and documentation to substantiate the grounds for the review, and be signed by all parties joining the request. The filing fee is \$100 payable to City of Fort Collins.

Project Name & File #: _____

Decision to be Reviewed: _____

Date of Decision: _____ Decision Maker (check one):

Historic Preservation Commission

Planning & Zoning Commission

Building Review Commission

Water Commission

Land Use Review Commission

Administrative Hearing Officer

Other _____

Name of AHO _____

Name of Requester: (Additional eligible parties may be listed separately below.)

Name: _____

Organization (if applicable): _____

Phone: _____ Email: _____

Mailing Address: _____

Preferred means of contact:

Email

Postal Address

Public Records Notice: Pursuant to the Colorado Open Records Act (CORA), §24-72-200.1, et seq., C.R.S., all documents and information submitted to the [City/County/Agency Name] are public records and may be subject to inspection, copying, and release in response to a lawful CORA request, except where specifically exempt by law.

Please check how you are eligible to request a fair hearing:

Applicant

Provided written comments before the hearing

Owner or Occupant
(provide verification)

Provided comments at the hearing

Councilmember

Grounds to request a fair hearing review are limited to the allegations below that the original decision maker: (Check all that apply.)

Exceeded its authority or jurisdiction

Ignored its previously established rules of procedure

Considered substantially false or grossly misleading evidence

Improperly failed to receive all relevant evidence offered by the appellant

Was biased against the appellant because of a conflict of interest or other close business, personal or social relationship

Signature: _____ Date: _____

You are required to attach documentation with this request for fair hearing review to substantiate each allegation checked above. Documentation should include written arguments explaining each allegation as well as the location of evidence in the record supporting each allegation and why such evidence supports the allegation. Additionally, you may provide new evidence relevant to each allegation. This is your only opportunity to provide information and arguments for the administrative decision maker to review in making their decision unless the decisionmaker requests additional information or clarification from you.

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ADDITIONAL FAIR HEARING REQUESTERS

Eligible persons have standing to request a fair hearing if they meet the following criteria.

- Applicant
- Owner or occupant (provide verification)
- Anyone who provided written comments at or before the hearing or oral comments at the hearing
- Councilmember

Signature: _____ Date: _____

Printed Name: _____ Email: _____

Address: _____ Phone #: _____

Eligibility Description: _____

Signature: _____ Date: _____

Printed Name: _____ Email: _____

Address: _____ Phone #: _____

Eligibility Description: _____

Signature: _____ Date: _____

Printed Name: _____ Email: _____

Address: _____ Phone #: _____

Eligibility Description: _____

(Attach additional signature sheets as necessary)

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