



CITY OF BEACON
New York
Request for Hearing

Name: _____

Date: _____

Address: _____

Telephone: _____

Email: _____

Address of Violation (if different from above) _____

Date of Violation: _____

Please describe reason why notice should be modified or withdrawn:

Return completed Request for Hearing form with \$50.00 fee to:

City of Beacon
Attention: City Administrator
One Municipal Plaza, Suite One
Beacon, NY 12508

One Municipal Plaza ~ Suite I, Beacon, New York 12508

Phone: 845-838-5000

Email: administrator@cityofbeacon.org