



**Department of Administrative Services
Animal Protection Services**

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Office: 702-455-7710 | Fax: 702-455-8102 | ClarkCountyNV.gov

**REQUEST FOR HEARING
COUNTY OF CLARK - STATE OF NEVADA**

Date: _____

Requestor's Name: _____ Phone: _____

Address: _____
(Street, City, State, Zip Code)

Please provide the following:

Activity # _____ or Address of Inquiry _____

Please check the appropriate box:

Administrative Citation- The fine amount must be paid when submitting the Request for Hearing Form in order for the hearing to be scheduled.

Permit Denial/Revocation

Choose ONE of the following options to receive the decision:

Email to: _____

Mail to: _____