



REQUEST FOR HEARING BEFORE THE CLARK COUNTY AIR POLLUTION CONTROL HEARING BOARD

Appeal of Hearing Officer's Order

1. **Date of Appeal:** _____
(Must be within 10 days of receipt of Hearing Officer Order)

Notice of Violation # _____ Hearing Date: _____

Hearing Officer: _____

2. **Name, address, telephone number of Appellant:**

Name: _____
(Please print)

Address: _____

Telephone: _____ Fax: _____

Email: _____

3. **Other person or persons authorized to receive service of notice:**

Name: _____
(Please print)

Address: _____

Telephone: _____ Fax: _____

Email: _____

4. **Type of business or activity and location of activity involved in the request:**

5. **Reason for appeal:** ☐ Facts alleged ☐ Penalty assessed ☐ Both

Provide a detailed explanation of the reason for your appeal:

6. **An application filing fee of \$140.00 must accompany this application. This fee is non-refundable. Please make check payable to Division of Air Quality or DAQ and mail to 4701 W. Russell Road, Suite 200, Las Vegas, NV 89118.**

The appellant or a representative of the appellant must be present at the hearing board meeting to answer any questions by the Air Pollution Control Hearing Board Members. **Please include any supporting documentation with this form for distribution to the respective board members.**

I affirm that all statements made on this application are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

Title: _____

FOR OFFICE USE ONLY

Application Received on _____

Application Fee \$140.00 - Check _____ Received Date: _____