



**Department of Administrative Services  
Animal Protection Services**

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Office: 702-455-7710 | Fax: 702-455-8102 | [ClarkCountyNV.gov](http://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: \_\_\_\_\_