



**Department of Administrative Services
Code Enforcement Unit**

4701 W. Russell Rd., Las Vegas, NV 89118

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Office: 702-455-4191 | Fax: 702-455-2080 | ClarkCountyNV.gov

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

Requestor's Name: _____ **Phone:** _____

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

Email: _____

Please Provide the Following:

Case Number _____ **or Address of Inquiry** _____

Please check the appropriate box:

Administrative Citation **Citation Date** _____ **Citation Amount \$** _____

The fine amount must be paid when submitting the Request for Hearing form in order for the hearing to be scheduled. You must pay by mail or in person at the Clark County Code Enforcement Administrative Office at 4701 W. Russell Rd, Las Vegas, NV 89118. Payment must be made by personal check, cashier's check, or money order made payable to Clark County Treasurer. Please write the citation number on the check or money order

Parking Citation **Citation Date** _____ **Citation Amount \$** _____

The fine amount must be paid when submitting the Request for Hearing from in order for the hearing to be scheduled. You must pay by mail or in person at the Clark County Code Enforcement Administrative Office at 4701 W. Russell Rd, Las Vegas, NV 89118. Payment must be made by personal check, cashier's check, or money order made payable to Clark County Treasurer. Please write the citation number on the check or money order.

Appeal Notice

Please list the notice type

Online Payment

Check or Money Order

Reason for Hearing:

SIGNATURE

DATE