



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

APPLICATION FOR APPEARANCE WITH HEARING OFFICER

PARKING INFRACTION #: _____ **TODAY'S DATE:** _____
ISSUE DATE: _____ **BAIL AMOUNT: \$** _____
ISSUING OFFICER: _____ **TENDER METHOD:** _____

Name: _____
Address: _____
City: _____ **State:** _____
Phone #: Primary: _____ **Other:** _____

PLEA: Please state the reason you wish to appear before the Hearing Officer:

Hearing Date: Wednesday ____/____/____ **Hearing Time:** 9:00 A.M. / _____

Prepared By: _____ **Phone Number:** 887-2092

Hearing Location: Treasurer's Office
201 N Carson St., Ste. 5
Carson City, NV 89701

Hearing Officers Findings:

- Judgement by Default Ticket Negated, Refund Bail
 Fine Upheld Other (see explanation)

_____ **date** ____/____/____
Signature of Hearing Officer

Sign if Bail is Refunded: _____ **dated** _____

GAYLE H. ROBERTSON, TREASURER
201 North Carson Street, Suite 5 • Carson City, NV 89701
(775) 887-2092 • Fax: (775) 887-2102