CITY OF SARATOGA SPRINGS

ACE COURT

HEARING REQUEST

Name	
Case Number	
Address of Violation	

I am:

- ☐ **The Responsible Party**
- ☐ **Representing a Company**
  Company Name: _____
  Title: _____
- ☐ **Other:** _____

Reason for hearing request:

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Date: _____ **Signature:** _____