



Hearings Office

City of Portland

1900 SW 4th Avenue, Room 3100, Portland, OR 97201 phone: 503.823.7307
www.portlandoregon.gov/hearings fax: 503.823.4347
email: HearingsOfficeClerks@portlandoregon.gov



APPEAL HEARING REQUEST FORM

(See reverse for instructions on submitting this form.)

\*=Required Information. Failure to submit all required information will cause your request to be denied.

\*1. Appellant: \_\_\_\_\_

2. Contact Name (if different than Appellant): \_\_\_\_\_
First Last

\*3. Mailing Address: \_\_\_\_\_ Unit/Apt. # \_\_\_\_\_
City State Zip Code

\*4. Email Address: \_\_\_\_\_

The Hearings Office will contact you by email unless you fill out and submit an Appellant Opt Out of Email Communications form.

\*5. Telephone: (\_\_\_\_\_) \_\_\_\_\_

6. Attorney's (if any) Name: \_\_\_\_\_

7. Attorney's Mailing Address: \_\_\_\_\_
City State Zip Code

8. Attorney's Email Address: \_\_\_\_\_

9. Attorney's Phone Number: \_\_\_\_\_

\*10. Does your request involve being excluded from a City Park? Yes [ ] No [ ]

\*11. Does your request involve a suspension or revocation of a license? Yes [ ] No [ ]

\*12. Why do you believe the City Bureau's decision/determination is invalid, unauthorized, or otherwise improper? (Attach additional sheets, if needed)

13. If your request is late, please explain why. (Attach additional sheets, if needed):

By signing below, I certify that all information is true and complete to the best of my knowledge. If Appellant is other than an individual, I certify (by signing below) that I am a duly authorized representative.

\* \_\_\_\_\_
Signature Date

In compliance with Civil Rights laws, it is the policy of the City of Portland that no person shall be excluded from participation in, denied the benefits of, or be subjected to discrimination in any City program, service, or activity on the grounds of race, color, national origin, or disability. To help ensure equal access to City programs, services, and activities, the City of Portland reasonably provides: translation and interpretation services, modifications, accommodations, auxiliary aides and services, and alternative format. For these services, complaints, and additional information, contact 503-823-7307, use City TTY 503-823-6868, or use Oregon Relay Service: 711.

# **GUIDE:** Further Information on how to file your Appeal with the Hearings Office.

Your APPEAL must be complete. All items (1-3) must be submitted together.

Documents submitted become public record.  
Please redact any confidential information such as Social Security Numbers.

<b>1</b>	<p><b><u>FORM</u></b></p> <p>The Appeal Hearing Request Form must be completed in full.</p> <p>Please write legibly, sign, and date this form.</p> <p>Your Appeal must be filed timely. If it is late, please explain why. Only late Appeal filings that show good cause why the request is late will receive a hearing. All other late requests will be denied a hearing.</p>
<b>2</b>	<p><b><u>DECISION / DETERMINATION LETTER</u></b></p> <p>You must include a copy of the City determination you wish to appeal.</p> <p>If you did not retain or receive a copy of the decision/determination, please contact the bureau to obtain a copy before submitting your appeal. The Hearings Office will not obtain this document on your behalf.</p>
<b>3</b>	<p><b><u>SUPPORTING DOCUMENTATION</u></b></p> <p>Note: some bureaus have an "Administrative Review" step.</p> <ul style="list-style-type: none"><li>• If you had an Administrative Review, you must submit copies of all documents you submitted to the bureau for that review. If you did not retain copies of your documents, you should contact the bureau.</li><li>• If you did not have an Administrative Review, you must submit whatever documents you intend to rely upon at the hearing.</li></ul> <p>All supporting documentation must be received in the Hearings Office at least 10 business days in advance of your Hearing.</p>