



**MUNICIPALITY OF ANCHORAGE**  
**Administrative Hearing Office**  
**City Hall, 632 West 6th Avenue, Suite 740**  
**Anchorage, Alaska 99501**  
**(907) 343-4535; Facsimile (907) 343-4541**

**REQUEST FOR Probable Cause HEARING**

**You must file this request for hearing within 10 days of the date of the Notice of Seizure Letter.**  
**Notice of the hearing date will be provided via telephone.**  
*Please type or print clearly*

Anchorage Police Department Case Number: : \_\_\_\_\_

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

What time of day is the best time to reach you? At which phone number? \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_ Description of vehicle: \_\_\_\_\_

State why you request a hearing. At hearing, you may present relevant evidence on your own behalf.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STATEMENT OF RIGHTS**

I understand that I am entitled to attend the hearing and submit evidence at the hearing. I understand that I may present witnesses, cross-examine witnesses called by Anchorage Police, and may engage the services of an attorney to represent me. If I do not attend for any reason, I waive the right to challenge the probable cause in the case. I understand that if for any reason I do not attend, a decision may be rendered against me by default. I understand that the notice of the hearing date, time and place will be provided via telephone call to the numbers provided above.

I declare that all information provided above is true, accurate and complete. In the absence of a notary public, I personally certify under penalty of perjury, that the foregoing statements are true.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date