



Fairbanks North Star Borough Division of Animal Control

2408 Davis Road PO Box 71267 Fairbanks, Alaska 99707-1267 (907)459-1451 FAX(907)205-5174

REQUEST FOR APPEAL HEARING

I hereby request an appeal hearing before the Animal Control Commission on:

Animal Name: _____

Incident Number: _____

I am requesting an appeal hearing for the following reason(s):

Initial the following:

_____ I understand that my request for appeal must be filed with Animal Control within ten (10) days of the date of the decision of the animal control officer.

Date of decision of the animal control officer: _____

Last day to request appeal hearing: _____

_____ I understand that the Commission may affirm, reverse or modify the decision of the animal control officer and that the Commission has the power to euthanize the animal.

_____ I understand that appeal hearings before the Commission take place in the evening on a date to be scheduled by Animal Control within twenty (20) days of the receipt of my request for appeal.

_____ I affirm that I am the owner of the above-mentioned animal.

I do do not have special needs to be able to attend and participate in this hearing (i.e. interpreter, wheelchair access, etc.)

Owner Name

Owner Signature

Date