CITY OF SPRINGFIELD, ILLINOIS
WRITTEN PROTEST OF THE COST ASSESSED STATEMENT
(GARBAGE, RUBBISH, SOLID WASTE REMOVAL)

WRITTEN PROTESTS MUST BE FILED WITH THE OFFICE OF THE CITY TREASURER **WITHIN 45 DAYS** OF THE DATE THE COST ASSESSED STATEMENT WAS MAILED.

Name:_____
(Last) (First) (Middle Initial)

Mailing Address:_____
(Street) (Apt.) (City/State) (Zip Code)

Phone:_____
(Home) (Work) (Cell)

I, the owner of the above-listed property, file this Written Protest of the Cost Assessed Statement and request a hearing before a Hearing Officer **if** the City of Springfield finds me liable and the citation(s) is not voided prior to the date of the hearing scheduled below (the City of Springfield may, at its discretion, find you not liable prior to hearing in front of a Hearing Officer). I am submitting a written statement of facts and any documentary evidence in support of my position to be reviewed. I further understand that the review will result in a written finding based on the statement of facts and documentary evidence submitted in this request. If the written finding is "liable," this matter will be heard by a Hearing Officer **and notice of the hearing will be mailed to the address provided above.**

I am protesting the Cost Assessed Statement for one of the following reasons: (MUST chose one of the following reasons provided)

( ) Wrong Address ( ) Incorrect Owner ( ) Improper Notice
( ) Fly Dumping ( ) Unreasonable Costs

_____ DATE:_____
Protester's Signature

Please submit completed form and a written statement of facts and all documentary evidence in support of your position to:

Office of the City Treasurer
300 South 7th Street, Room 104 MCW
Springfield, Illinois 62701

Please be sure all information above is complete before mailing.

----------FOR OFFICE USE ONLY----------

Property Violation Citation Number: _____Cited Address:_____

Date statement was mailed _____