ADJUDICATORY HEARING REQUEST CHECKLIST AND TRACKING FORM

I.	Permit Decision or Other Department Decision Being Appealed:	
	Issuance Date of Decision Document	Document Number / Permit Activity Number
II.	Person Requesting Hearing:	
	Name	Name of Attorney (if applicable)
	Company/Facility	Firm/Office Name
	Address	Address of Attorney
	Email Address	Email Address of Attorney
	Telephone No. Fax No.	Telephone No. Fax No.
III.	The following <u>must</u> be included as part of your hearing requ	
	is the subject of your hearing request (e.g., certifiedb. A description of your participation in any public he copies of any written comments you submitted; and	pealing; and factual issue during the permit application process; on for physically disabled persons; gotiating settlement directly with the Department program gotiating settlement with mediation through the ation on the alternative dispute resolution process, see 2, you must also provide: een delivered to the applicant for the permit decision which mail return receipt); earings held in connection with the permit application and that to a hearing, and, if you claim such a right, a reference to
IV.	Submit this form and all of the applicable information special. New Jersey Department of Environmental Protection Office of Legal Affairs Attention: Adjudicatory Hearing Requests Mail Code 401-04L, P.O. Box 402 401 East State Street, 7th Fl. Trenton, NJ 08625-0402	
V.	Signature:	Date: