



**REQUEST CODE ENFORCEMENT  
SPECIAL MASTER HEARING FORM**

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

Violation address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Folio: \_\_\_\_\_

Citation number: \_\_\_\_\_ CE Number: \_\_\_\_\_ amount: \_\_\_\_\_

Citation number: \_\_\_\_\_ CE Number: \_\_\_\_\_ amount: \_\_\_\_\_

Citation number: \_\_\_\_\_ CE Number: \_\_\_\_\_ amount: \_\_\_\_\_

Citation number: \_\_\_\_\_ CE Number: \_\_\_\_\_ amount: \_\_\_\_\_

Description of violation \_\_\_\_\_

Citation date: \_\_\_\_\_ officer: \_\_\_\_\_

Code violation: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Requesting by: \_\_\_\_\_

Received from: \_\_\_\_\_