HEARING REQUEST FORM

		MUST complete all applicable parts of this form. If you do not you do not need to complete this form.
	I/we hereby request a hearing regarding the proposed enforcement action against [Name of Respondent]; [Hearing ID #]	
1)	If you have a conflict with one or more of the scheduled hearing dates you MUST describe the conflict in detail in the table below:	
	I/We have a conflict with the following tentative hearing date:	Reason for Conflict
2)	If you have a conflict with <u>all of the scheduled hearing dates</u> , State Water Board staff will attempt to reschedule your hearing <u>within 30 days of the last scheduled hearing date</u> .	
	List all additional dates below that you will be unavailable during those 30 days. You will be notified of the time and place of your hearing at least 10 days prior to the rescheduled hearing date. Please note all currently scheduled submittal deadlines	
	remain in effect for any rescheduled hearing dates unless you are notified otherwise.	

Upon receiving a request for hearing, State Water Board staff will provide you with a hearing notice that either confirms one of the hearing dates and times or provides an alternative date.