



REQUEST FOR A DISPUTE REVIEW

NAME: _____ PHONE #: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____

VIOLATION ADDRESS: _____ VIOLATION DATE: _____

CASE #(S): _____ COST/FEES: _____

Please explain the circumstances surrounding the allegations against you, and why you are disputing the actions of the City of Lake Charles.

Please attach: (1) copy of the notice of violation, and (2) any documentation, photographs, or other information to support your claims.

YOU WILL BE NOTIFIED IN WRITING OF THE DECISION OF THE CITY.

YOU ARE STILL RESPONSIBLE FOR THE ORIGINAL AMOUNT OF THE COST/EXPENSES/FEES AND ANY ADDITIONAL INCREASES WHILE YOUR DISPUTE IS UNDER REVIEW.
