PINAL COUNTY
WIDE OPEN OPPORTUNITY

HEARING OFFICE

Date:	
In the Matter of:	Complaint Number: Hearing Date:

WAIVER OF SERVICE

Pursuant to Rule 5

This notice is a request by the Pinal County Civil Hearing Office that you sign and return this Waiver of Service in order to save the cost of serving you with a copy of the Complaint and Notice of the Hearing. If you comply with this request, the Complaint and Notice of Hearing will not be personally served on you.

If you do not return the signed waiver, a copy of the Complaint and Notice of Hearing will be personally served on you and you may incur additional fees for such personal service.

By completing and submitting this form, I acknowledge receipt of the hearing date and waive personal service of this Complaint and personal service of any Notice of Hearing in the manner provided by A.R.S. § 11-808. I understand that I must appear on the date and time set for hearing as provided on the Complaint or provided by the Hearing Office and agree that all future notices and correspondence may be served upon me by first-class mail at the address that I have provided below. I also understand that a Decision may be entered against me by the Hearing Officer if I fail to appear.

Respondent Name (Please Print):	Address: City, State, ZIP Code: Phone #:	

Respondent Signature:		Date:	

Return form to: **Pinal County Hearing Office**
P.O. Box 749
Florence, AZ 85132

For additional information access the Pinal County Civil Hearing Office Rules of Procedure online at *www.pinal.gov*.