PINAL COUNTY
WIDE OPEN OPPORTUNITY

HEARING OFFICE

NOTICE OF COUNSEL
OR
OTHER DESIGNATED REPRESENTATIVE

Pursuant to Rule 9

This form is to be completed by the Respondent. Failure to submit this form to the Hearing Office fifteen (15) calendar days prior to the date set for hearing constitutes a waiver of the right of counsel or other designated representative.

Today's Date:	Complaint Number:
Respondent's Name:	
Respondent's Mailing Address:	
Name of Counsel or Other Designated Representative: Please indicate whether the listed individual is an attorney: Yes ☐ No ☐	
Address of Counsel or Other Designated Representative:	
RESPONDENT VERIFICATION: I hereby request that the above-named person be designated to represent me in the above-entitled action and agree to be bound by actions taken by the designated representative, before the Hearing Office. I understand that all future notices and mailings will be sent to the designated representative.	
Respondent: (Print Name)	Date:
Signature:	Phone:

I certify that a copy of the foregoing was delivered to the issuing Code Enforcement Officer _____.

By:_____
Civil Hearing Office

Contact the Hearing Office at 520-866-6244 or 520-866-6292 for additional information or access the Pinal County Civil Hearing Office Rules of Procedure online at www.pinal.gov