

Attachment 8
Form 6 A.P. 2-2 Motor Vehicle
Incident/Disqualification Committee
Hearing Confirmation

CITY MOTOR VEHICLE INCIDENT/DISQUALIFICATION COMMITTEE HEARING CONFIRMATION

The City Motor Vehicle Incident/Disqualification Committee selected to review your appeal will meet

Date _____

Time _____

Location 611 Walker, 4th Floor – Director’s Conference Room

Please inform your witnesses and representative of the scheduled meeting date and time. Documents must be provided to the Committee at least two (2) days before the scheduled meeting date.

I certify that this City Motor Vehicle Incident/Disqualification Committee Hearing Confirmation was

hand delivered or

mailed (regular/certified) to the address listed on the Appeal

and the Departmental Representative on the _____ day of _____, _____.

Notifying Employee's Signature

ACKNOWLEDGMENT OF RECEIPT OF HEARING CONFIRMATION

I acknowledge receipt of the City Motor Vehicle Incident/Disqualification Committee Hearing Confirmation.

Employee

Date

Witness

Date

Department Representative

Date