

Original to be sent to Claimant

Yellow copy to be retained in the Administrator's file

NOTICE OF FAIR HEARING

Dear _____: _____ 20 _____

The Fair Hearing which you requested will be held

Date: _____ Time: _____ Place: _____

If you are unable to attend at this time please notify me immediately.

The hearing will be before an impartial higher authority who was not involved in making the decision on your request for assistance. The decision of the authority will be based on the evidence presented at the hearing. You have the right to:

- confront and cross-examine witnesses;
- present witnesses and written evidence on your behalf;
- be represented by an attorney (at your own expense) or other person.

You will be advised of the hearing authority's decision in writing within 5 working days of the hearing. If you have any questions about this notice or the hearing, please contact me.

Sincerely,

Administrator

Municipality