



City of St. Louis Department of Health



FRANCIS G. SLAY
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P.O. Box 14702
St. Louis, Missouri 63178

Phone: (314) 612-5100
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REQUEST FOR ADMINISTRATIVE HEARING

Date: _____

Appellant: _____

Mailing Address: _____

Phone Number: _____

Property Address: _____

Reason for Appeal: _____

APPELLANT
(Please Print Name)

APPELLANT SIGNATURE

Department of Health – Bureau of Environmental Health Services
1520 Market St., Room 4051
St. Louis, MO 63178-4702
314-657-1539

For Department of Health Use Only		Date of hearing set: _____
Payment amount received: \$ _____	Notice of hearing date provided: <input type="checkbox"/> In Person	
Check number: _____	<input type="checkbox"/> By US Mail	
Date of payment: _____	Date of notice of hearing: _____	