



State of New Jersey
CASINO CONTROL COMMISSION
HEARING REQUEST FORM

New Jersey Casino Control Commission
 ATTN: General Counsel's Office
 Tennessee Avenue and Boardwalk
 Atlantic City, New Jersey 08401

Re: Application of _____ (Casino Key Employee)
[NAME]
 Agency Docket No.: _____
[XX-XXXX-XX]
 Credential No.: _____
[XXXXXX-XX]

To Whom It May Concern:

I, _____, request a hearing in the above-
PRINT NAME
 referenced matter. I understand that it is my responsibility to notify the New Jersey Casino Control Commission of any change(s) to my address and/or other contact information. I also understand that if I fail to attend any scheduled conference(s) or hearing(s) dates, my ability to work in the Atlantic City casino industry may be negatively affected.

I request that my hearing be deferred until my pending criminal charges are resolved:

YES NO NOT APPLICABLE

LEGAL SIGNATURE

DATE

MAILING ADDRESS: NO. AND STREET, APT., SUITE, RD. NO.

CITY, STATE, ZIP CODE

DAYTIME TELEPHONE NUMBER

LANGUAGE SPOKEN (IF NOT ENGLISH)

EMAIL ADDRESS: _____ @ _____

DO YOU HAVE A DISABILITY WHICH MAY REQUIRE A SPECIAL ACCOMMODATION? Yes No

Should you require additional information regarding this process,
 please contact the New Jersey Casino Control Commission's General Counsel's Office:

New Jersey Casino Control Commission
 Tennessee Avenue and Boardwalk
 Atlantic City, New Jersey 08401

Email: *Teresa.Pimpinelli@ccc.nj.gov*

Telephone: 609.402.0820

Facsimile: 609.441.7394

Website: *www.nj.gov/casinos/*