

STATE OF MICHIGAN CITY OF FLINT ADMINISTRATIVE HEARINGS BUREAU		Ticket/Case No.
	ADMISSION OR DENIAL OF RESPONSIBILITY	

PETITIONER	RESPONDENT NAME, ADDRESS, TELEPHONE:
City of Flint, City Services 1101 S. Saginaw Street Flint, Michigan 48502 (810) 237-2090	
ATTORNEY FOR PETITIONER, ADDRESS, TELEPHONE	ATTORNEY FOR RESPONDENT, ADDRESS, TELEPHONE
City of Flint, Law Department 1101 S. Saginaw Street, 3 rd Floor Flint, Michigan 48502 (810) 766-7146	

In the matter of property located at: _____, PARCEL ID #: _____.

I, _____, acknowledge that I am the property owner and/or resident of the above-listed property, and that I received a blight violation ticket/notice of violation (# _____). In regards to that ticket/notice, I:

Admit responsibility for the violation as cited. In addition to paying the associated fines and costs, I understand that I will be required to correct the violation within 28 days, or the City of Flint may correct the violation and assess the costs of doing so against me.

Admit responsibility for the violation as cited, with the explanation below. I understand that this matter will be submitted to the City of Flint's Administrative Hearings Bureau and that, after consideration of the explanation, an order and judgment will be entered without hearing.

Deny responsibility for the violation as cited. I understand that this matter will be set for hearing with the City of Flint's Administrative Hearings Bureau.

Dated: _____

_____ Respondent