

MUNICIPAL DISCIPLINARY ACTION BOARD
ELECTION OF RIGHTS

Licensee:

Case No.:

I have read the Formal Complaint in this matter, and elect as follows:

CHECK ONE

1. () I elect not to dispute the facts alleged in the Formal Complaint, and wish to appear before the Board at informal hearing to be heard on the conclusions of law and the issue of penalty. I therefore request an informal hearing. I understand that at the informal hearing I will not be allowed to deny the facts alleged in the Formal Complaint, but will only be permitted to submit written and/or oral evidence in mitigation of the Formal Complaint to the Board.

2. () I do dispute the facts alleged in the Formal Complaint, and do hereby request a Formal Hearing before the Board. (If you select this option, you must state below which specific facts you dispute. Use the back of this sheet if needed.)

3. () I waive my right to object or be heard concerning this matter, and the Board may do as it sees fit concerning this matter.

THIS IS A LEGALLY BINDING DOCUMENT. IF YOU DO NOT FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING.

MUST BE SIGNED AND NOTARIZED

Mailing Address (If Different)

City State Zip

Name

Street Address

City State Zip

Respondent's daytime phone no.

STATE OF FLORIDA

COUNTY OF _____

The forgoing instrument was acknowledge before me this _____ day of _____, 20____, by _____, who is personally known to me who has produced _____, as identification.

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

MAIL THIS FORM TO: Municipal Disciplinary Action Board
P.O. Box 3453
Winter Haven, Fl. 33885-3453