Georgia Firefighters' Pension Fund <u>REQUEST FOR HEARING</u> <u>BEFORE THE BOARD OF TRUSTEES</u>

Name of Person Requesting Hearing:
If Represented by an Attorney, Name of Attorney:
Contact Information for Person Requesting Hearing (or attorney, if represented)
(Note: This is the address where information pertinent to the hearing will be sent)
Address:
Phone: Fax: E-mail:
What are the matters involved in your request?
Are you contesting or challenging an action taken by the Fund?
If so, what action:

- VIII. How much time do you anticipate needing for the presentation of your case? ______ (*This estimate is for scheduling purposes only. The Board has the right to control the course and conduct of the hearing, including the amount of time for the hearing.*)
- IX. If you will be accompanied at the hearing by other individuals who will not be testifying, please identify them: _____

X. Do you have any special requests or need any accommodations?_____

Signature

Date

INSTRUCTIONS:

Please complete this form and return it to the Executive Director of the Fund at the following address:

Executive Director GEORGIA FIREFIGHTERS' PENSION FUND 2171 East View Parkway Conyers, GA 30013

The Executive Director will review it for completeness and will make a determination that the issue(s) involved are those falling within the jurisdiction of the Board of Trustees. If the matter is one which may be properly considered by the board, you will be notified of the date and time of the hearing. If the matter is not within the jurisdiction of the board of trustees, a hearing will not be scheduled and you will be notified by the Executive Director.