

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404) 657-2800

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE TA	CASE TYPE	DOCKET NUMBER	COUNTY Fulton	JUDGE
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NAME OF REFERRING AGENCY: **STATE ROAD AND TOLLWAY AUTHORITY**

DATE OF REQUEST FOR HEARING: _____

X Toll Violation

CONTACT PERSON IN REFERRING AGENCY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL: PAGER:

ATTORNEY FOR REFERRING AGENCY

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	GEORGIA BAR NO:	EMAIL: PAGER:

NON-AGENCY PARTY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL: PAGER:

NON-AGENCY PARTY ATTORNEY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	GEORGIA BAR NO:	EMAIL: PAGER:

Attach the document initiating the hearing.

All documents will be mailed to the referring agency at the address indicated for the contact person to the contact person's attention unless written instructions provide an alternative place for service.

10/23/2006