



Instructions for Completing a Request to Schedule a Refuse Liens Director's Hearing:

- Complete the attached Request to Schedule a Refuse Liens Director's Hearing Form.
- The Request to Schedule a Refuse Liens Director's Hearing Form must be submitted by **June 15, 2020**. You can submit the document by emailing the completed form to refuseliens.dph@sfdph.org or by mail, to 1390 Market Street, Suite 210, San Francisco, CA 94102, Attn. Solid Waste Program.
- You may submit additional written briefing to the hearing officer no later than four business days prior to the hearing. For more information on written submittal requirements and hearing procedures, please refer to the link below:
https://www.sfdph.org/dph/files/EHSdocs/ehsPublsdocs/DirectorHearings/Directors_Hearing_Procedures.pdf
- Once processed, you will be notified with a confirmation letter of the hearing date and location.
- If you have any questions, please contact (415) 252-3872.
- 中文詢問請電: (415) 252-3872 | Para Información en Español Llamar al: (415) 252-3872 | Para sa Impormasyon sa Tagalog Tumawag sa: (415) 252-3872.



Request to Schedule a Refuse Lien Director’s Hearing

Please submit one form per site address

Requester’s Information:

Last Name:		First name:		Middle Initial:	
Check One: Property Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other (Specify) _____					
Mailing Address:			City	State	Zip
Phone #:			Email:		

Refuse Lien Information:

DBA (If Applicable):		
Block#:	Lot#:	Service Address:
Invoice#(s):		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Briefly describe the reason for your Appeal (Limit 1065 characters & spaces): Check if additional pages are attached.		

By printing your Full Name, you are authorizing
the San Francisco Health Department
to schedule you for the Director’s Hearing

Date

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