



HEARING REQUEST FORM

**THIS FORM MUST BE RETURNED TO THE ADDRESS BELOW  
WITHIN TEN (10) DAYS OF RECEIPT**

**FAILURE TO REQUEST AND ATTEND A HEARING MAY AFFECT YOUR  
ABILITY TO WORK IN THE CASINO INDUSTRY**

PA Gaming Control Board  
Clerk to the Board  
303 Walnut Street  
Commonwealth Tower, 5th Floor  
Harrisburg, PA 17106-9060

RE: APPLICATION OF \_\_\_\_\_  
PGCB LICENSING DOCKET NO: \_\_\_\_\_

I, \_\_\_\_\_, request a hearing in  
Name (Please Print)  
the above captioned matter. Hearings may be held either in person or via video  
conference. I request that my hearing be held in (please check below)

- Harrisburg (in person)     Pittsburgh (video)     Conshohocken (video)  
 Scranton (video)

I understand that it is my responsibility to notify the Office of the Clerk of any  
change of address.

I have pending criminal charges and am requesting that my hearing be deferred  
until the criminal charges are resolved. YES  NO  NOT APPLICABLE

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number where you can be reached

*Please note, location requests will be granted subject to availability.*