

CITY OF PORT HURON, MICHIGAN  
ADMINISTRATIVE HEARINGS BUREAU

**PETITION TO SET ASIDE ORDER OF DEFAULT**

DATE OF ORDER: \_\_\_\_\_ INFRACTION #: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

DEFENDANT NAME: \_\_\_\_\_

MAILING ADDRESS (Street Number & Name): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CONTACT PHONE # (Include area code): \_\_\_\_\_

**REASON FOR PETITION (*SELECT ONE ONLY*):**

Not provided with proper service of process.     Failure to appear for good cause.

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* DO NOT WRITE BELOW THIS LINE \*\***

<b>FOR OFFICE USE ONLY</b>
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Received - Date Stamp: \_\_\_\_\_ Default Hearing Date: \_\_\_\_\_

Postmarked: \_\_\_\_\_

Deadline to File: \_\_\_\_\_

AHO Presiding: \_\_\_\_\_