

CITY OF PORT HURON, MICHIGAN
ADMINISTRATIVE HEARINGS BUREAU
100 McMorran Boulevard ♦ Port Huron, MI 48060

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 ****

FOR OFFICE USE ONLY

Received - Date Stamp: _____ Default Hearing Date: _____

Postmarked: _____

Deadline to File: _____

AHO Presiding: _____