

# FIREWORKS SEIZURE NOTICE

## IMPORTANT NOTICE REGARDING YOUR RIGHTS

To request a hearing to claim lawful ownership or possession of the fireworks seized by the \_\_\_\_\_ under RCW 70.77.435, you must notify in writing your request the opportunity to be heard as to the claim or right. Select one of the following options below, sign and return this document to the address shown below.

All hearing requests of your claim to the to the lawful ownership and possession of the fireworks must be in writing and **RECEIVED** within 30 calendar days of the date the fireworks were seized.

This can be done by fax, mail or e-mail to the address shown at the bottom of this notice.

If your hearing request is not received within 30 calendar days of the date the fireworks were seized, you will have forfeited you claim or right to the fireworks. The fireworks may be disposed of or sold by the \_\_\_\_\_ after such date.

- I DO NOT request a hearing. I waive my right to the hearing and understand that by waiving my right:
  - ✓ I forfeit fireworks that were owned or possessed by me on the date of seizure.
  - ✓ The fireworks may be sold or disposed and I will not receive any proceeds from the sale.
  
- I request a hearing to claim lawful ownership or possession at the time of the fireworks seizure. I understand that the hearing will be before an administrative law judge and upon my request the matter to be removed to a court of competent jurisdiction if the aggregate value is of the fireworks exceed five hundred dollars. The burden of producing evidence as to having the lawful right, possession of the seized fireworks is upon the person claiming the lawful right to possess the seized fireworks.

Failing to return this notice will be the same as choosing that you DO NOT request an administrative hearing.

Signature of Claimant	Date	Print Name		
Address		City	State	ZIP
Phone Number		E-Mail Address		

Date of Fireworks Seizure: \_\_\_/\_\_\_/\_\_\_; 30 Calendar day deadline to request a hearing: \_\_\_/\_\_\_/\_\_\_.

Date Notice Served: \_\_\_/\_\_\_/\_\_\_ Initial \_\_\_\_\_.

**Sign and return this form to the:**

Officer Name		
Agency		
Address		
City	State	ZIP Code
Phone Number	Fax Number or E-Mail Address	