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Request for a Game Room Hearing

Game Room Company: _____ Game Room #: GR

Today's Date: _____

I understand that to request a hearing, I must be the permit holder or the applicant. I cannot request a hearing for another person.

This hearing request is for: Denial Suspension Revocation

of a permit, or application, for a: Game Room Game Room Employee

Applicant/Employee Name: _____

Email: _____

Mailing Address: _____

I understand that I do not need to have an attorney represent me at this hearing.

I do not have an attorney. All notices and letters regarding the hearing will be sent to me at the above address and email.

I have an attorney. All notices and letters regarding the hearing will be sent to:

Attorney Name: _____

Email: _____

Mailing Address: _____

Telephone: _____

Return the completed form via email, gameroom@lubbockcounty.gov or in person at the Permit Office (all contact information is at the top of this Game Room website page) by making an appointment. There are walk-ins, applicants will be seen by appointment only.

You will be contacted by a representative of the District Attorney's office.

