

## **Arkansas Real Estate Commission**

Phone: (501) 683-8010 Fax: (501) 683-8020

## **CITATION DISPUTE FORM**

Name:	License #:	
Address:		
City:	State:	Zip:
Firm Telephone:	Personal Phone:	
Principal Broker Name:		
<ul> <li>This form must be recodays of the citation's contesting the citation</li> <li>Pursuant to A.C.A. § 1 filing a verified writter provided a hearing be</li> <li>AREC publishes the n conducted pursuant to</li> </ul>	17-42-312, if a licensee dispunce of the Commission under Alames of all persons who also A.C.A. § 17-42-312.  Modify or vacate a citation issues.	nmission within thirty (30) verified written complaint utes the citation by timely ssion, the licensee shall be A.C.A. § 17-42-314.
l,	, wish to dispute the (	Citation issued to me by
the Arkansas Real Estate Cor	mmission.	
Signature	 Date	<del></del>
(Attach a written explanation rega	arding the dispute and any docum	entation you wish to include.)