

State of Illinois  
Pollution Control Board  
James R. Thompson Center  
100 W. Randolph Street, Suite 11-500  
Chicago, Illinois 60601  
<http://www.ipcb.state.il.us/>

**BEFORE THE ILLINOIS POLLUTION CONTROL BOARD**

In The Matter Of:	)	
	)	
Joseph & Victoria Morrissey	)	
	)	
Complainant(s),	)	
	)	
	)	
v.	)	PCB 09 - 10
	)	(For Board use only)
Geoff Pahios and Alpine Automotive, Inc	)	
	)	
	)	
Respondent(s)	)	

**Motion to cancel May 12-13<sup>th</sup> hearing**

Due to a recent verbal settlement agreement between the Complainants and Respondents, the Complainants request the Hearing Officer to cancel the May 12-13<sup>th</sup> scheduled hearing. The complainants remain optimistic that a written settlement agreement can be presented to the board for approval, but in the event that a written agreement cannot be reached, the hearing can be re-scheduled for a later date.

Respectfully submitted,  
Joseph & Victoria Morrissey



By: \_\_\_\_\_  
Joseph Morrissey

**CERTIFICATION**

I, Joseph Morrissey, on oath or affirmation, state that I have read the foregoing and that it is accurate to the best of my knowledge.

\_\_\_\_\_  
(Complainant's signature)

Subscribed to and sworn before me

this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I, the undersigned, on oath or affirmation, state that on \_\_\_\_\_, 20\_\_\_\_,  
I served the attached formal complaint and notice on the respondent by

\_\_\_\_\_ certified mail (attach copy of receipt if available,  
otherwise you must file receipt later with Clerk)

\_\_\_\_\_ registered mail (attach copy of receipt if available,  
otherwise you must file receipt later with Clerk)

\_\_\_\_\_ messenger service (attach copy of receipt if available,  
otherwise you must file receipt later with Clerk)

\_\_\_\_\_ personal service (attach affidavit if available,  
otherwise you must file affidavit later with Clerk)

at the address below:

RESPONDENT'S ADDRESS:

Name \_\_\_\_\_

Street \_\_\_\_\_

City, state, zip code \_\_\_\_\_

(list each respondent's name and address if multiple respondents)

\_\_\_\_\_  
Complainant's signature

Street \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Subscribed to and sworn before me

this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_