

**GENERAL APPEAL FORM**

*It is not required that this form be used to file an appeal. However, whether you use the form or not, please make sure that your appeal includes all the information/responses requested in this form. An appeal, along with any required filing fee, must be received by the Office of Hearing Examiner, not later than 5:00 p.m. on the last day of the appeal period or it cannot be considered. Delivery of appeals filed by any form of USPS mail service may be delayed by several days. Allow extra time if mailing an appeal.*

**APPELLANT INFORMATION (Person or group making appeal)**

**1. Appellant:**

If several individuals are appealing together, list the additional names, addresses, and numbers on a separate sheet and identify a representative in #2 below. If an organization is appealing, indicate the group's name, addresses, and numbers here and identify a representative in #2 below.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

***In what format do you wish to receive documents from the Office of Hearing Examiner?***

***Check One:** \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Email Attachment*

**2. Authorized Representative:**

Name of representative if different from the appellant indicated above. Groups and organizations must designate one person as their representative/contact person.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

***In what format do you wish to receive documents from the Office of Hearing Examiner?***

***Check One:** \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Email Attachment*

**DECISION BEING APPEALED**

1. **Decision appealed** (Departmental File or Reference #.): \_\_\_\_\_

2. **Address** (if any) connected to decision being appealed:  
\_\_\_\_\_

3. **Type of issue/decision being appealed if known** (ask for assistance if unknown):  
\_\_\_\_\_  
\_\_\_\_\_

