

**APPEAL FORM**

Person requesting the appeal:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe your request or response to the Appeals Committee's decision regarding your case.  
You may attach additional information, as needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this appeal will be reviewed by the Appeals Committee. Consult the Candidate Handbook for a detailed policy.

The above statements are true to the best of my knowledge.

\_\_\_\_\_

Signature

This form must be notarized below.

\_\_\_\_\_

Witness