HEARING OFFICE

NOTICE OF APPEAL

Pursuant to Rule 27

This form is to be completed by the Party who is appealing the Hearing Officer's Decision. You must submit this form to the Hearing Office within fifteen (15) calendar days from the date the Decision is served. Where the Decision was served by mail, service is complete five (5) calendar days after the date that the Decision was mailed.

Today's Date:	Complaint Number:
Respondent's Name:	Mailing Address:
Date of Decision:	Email Address:
Specify the Issue(s) on Appeal:	
1.	
2	
I hereby request that the following person be designated to represent me in the above-entitled action and acknowledge that all future notices and mailings will be sent to the person I have designated as my representative. *(Failure to designate representation by counsel or other designated representative at the time of the filing of this Notice of Appeal constitutes a waiver of the right of counsel or other designated representative.)*	
Name of Attorney or Designated Representative:	Mailing Address:
PARTY VERIFICATION: I hereby submit this Notice of Appeal.	
Party Name: (Print)	Date:
Signature:	Phone:

I certify that a copy of the foregoing was mailed/delivered_____, to the department head, Respondent and/or the Attorney or Designated Representative.

By:_____

Civil Hearing Office Coordinator