

## APPEALS REQUEST FOR LOCAL AGENCIES

On behalf of \_\_\_\_\_  
(Local Agency Name)

I wish to appeal the action outlined in the letter dated  
\_\_\_\_\_.

(Date of Letter)

\_\_\_\_\_  
(Signature of Local Agency Director)

\_\_\_\_\_  
(Date)

**Please check one:**

I request a pre-hearing conference to discuss this issue.

I do not request a pre-hearing conference.

Notes to the State Agency: \_\_\_\_\_  
\_\_\_\_\_  
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