

Local Health Personnel

Request for Appeal information from the Local Health Department

The Local Health Personnel Branch has received an appeal form from _____
(employee) regarding a _____. Please provide the information for your
attorney below.

Local Health Department _____			
Name of the person filling out this form _____			
Are You Represented by an Attorney <input type="checkbox"/> No <input type="checkbox"/> Yes			
Attorney's Name _____			
Address _____			
(Street)	(City)	(State)	(Zip Code)
Phone Number () _____		Email _____	

In addition please provide the following information if requested.

Signature _____ Date _____

Email this form to the Local Health Personnel Branch Manager.