



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:	
Specify the Issue(s) on Appeal:	
1.	
2	
(Use reverse side for additional issues.)	
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. <i>(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.)</i>	
Name of Attorney or Designated Representative:	Mailing Address:
<u>PARTY VERIFICATION:</u> 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

Contact the Hearing Office at 520-866-6244 or 520-866-6292 for additional information or access the Pinal County Civil Hearing Office Rules of Procedure online at www.pinalcountyz.gov

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