

APPLICATION

Notice of Appeal

Claim Decision Date: _____

Please state the reason for appeal and explain why you believe the claim findings are incorrect. If appealing damages, please state why you believe the amount paid is incorrect.

By submitting this Notice of Appeal, Applicant attests under penalty of perjury that, to the best of Applicant's knowledge, the information submitted is true and correct and the appeal is made in good faith.

Signature: _____ Date: _____