



REQUEST TO APPEAL GRADE

Business Name: _____

Business Site Address: _____ **Suite #:** _____

City: _____ **Zip:** _____ - _____

Phone: (_____) _____ **Alternate Phone:** (_____) _____

Business Mailing Address _____

City _____ **State** _____ **Zip** _____ - _____

I, _____ *am requesting an appeal of the grade*

(Facility Owner or Operator)

noted on the inspection conducted on _____ .

(Inspection Date)

Request must be submitted within five business days following the inspection.

Please provide an explanation.

(Provide as many details as possible)

Hearing Information			Date Received:		
Date:	Time:	Location:			
FA:	OW:	PR:			
Original Inspector:					
Copy: <input type="checkbox"/> Operator <input type="checkbox"/> Director <input type="checkbox"/> Chief <input type="checkbox"/> Food Program Supervisor <input type="checkbox"/> Inspector <input type="checkbox"/> File					