



## 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.**

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<b>Hearing Information</b>			<b>Date Received:</b>	
<b>Date:</b>	<b>Time:</b>	<b>Location:</b>		
<b>FA:</b>	<b>OW:</b>	<b>PR:</b>		
<b>Original Inspector:</b>				
<b>Copy:</b> <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				