

Appeal Request Form

I hereby request an administrative appeal regarding an adverse decision issued by the

_____ agency, dated _____.

I have attached two documents:

- (1) a copy of the adverse decision, and
- (2) a statement why I believe the agency determination is wrong.

The date I received the agency determination was _____.

Signature: _____

Date: _____

Print Name: _____

Address: _____

City: _____

State: _____

Zipcode: _____

Email Address (optional): _____

REMINDER: You will lose your right to appeal if you do not file an appeal within 30 days of the date you received the adverse determination.

Send your appeal to the appropriate regional office of the National Appeals Division.
http://www.nad.usda.gov/contact_us.html