

# Utility Assistance Appeal and Review Request

If you disagree with the decision made regarding your utility assistance application, you may use this form to request a formal appeal and review. Please fill out this form completely and print it for submission.

---

## 1. Applicant Information

Full Name:

Utility Account Number:

Application/Case Number:

Phone Number:

Email Address:

Mailing Address:

## 2. Decision Being Appealed

Local Administering Agency Name:

Date of Notice of Decision:

Type of Issue (e.g., Denial of Assistance, Benefit Amount, etc.):

## 3. Reason for Appeal

Please provide a detailed explanation of why you believe the decision made regarding your utility assistance application was incorrect. Attach any supporting documentation when printing and submitting this form.

Explanation Line 1:

Explanation Line 2:

Explanation Line 3:

## 4. Certification and Signature

By signing below, I certify that the information provided in this appeal request is true and accurate to the best of my knowledge.

Applicant Signature (Sign after printing):

Date Signed:

---

*Instructions: Once you have filled out the information above, please print this page, sign and date the certification section, and mail or deliver it to your local utility assistance agency.*