

## AUTHORIZED REPRESENTATIVE FOR LOCAL APPEAL HEARING

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Agency Authorized Representative Name

\_\_\_\_\_  
Agency Address

\_\_\_\_\_  
Agency Phone Number

\_\_\_\_\_  
Agency Fax Number

\_\_\_\_\_, 20 \_\_\_\_  
Date

I, \_\_\_\_\_  
(Parent Name)

\_\_\_\_\_  
(Address) (City, State and Zip) (Phone Number)

am requesting that \_\_\_\_\_  
(Representative Name)

\_\_\_\_\_  
(Address) (City, State and Zip) (Phone Number)

act on my behalf at my local appeal hearing for my subsidized child care.

I hereby authorize your agency to release any or all information relating this appeal to the authorized representative listed above.

\_\_\_\_\_  
Parent Signature

This page is not part of the sample Authorized Representative form.

Please delete this page before sending the form.