

Appeal Request

I. Agency Information:

A. Legal Name of Agency:

B. Mailing Address:

City, State, Zip:

C. CNIPS ID or Vendor Number:

II. Statement of Purpose:

A. Type of appeal requested: (Check one box)

Written Review

Oral Hearing

Written Review with Oral Argument

B. Specifically, what is the finding (or findings) being appealed?

C. What is the basis (reason) for the appeal?

III. Background Information:

(Explain the events that led up to your decision to appeal the action taken against you.)

IV. Oral Hearing Only or Written Appeal with Oral Argument

If an **oral hearing** or a **written appeal with oral argument** is requested, please complete the following:

A. Representative (Name of person who will be officially representing the agency at the hearing):

Name:

Title:

Mailing Address:

City, State, Zip:

Phone:

Fax:

Email:

Does this representative have a legal background? Yes No

If yes, please describe:

California Department of Education
Nutrition Services Division
Program Integrity Unit

V. Contact

Person to contact for information regarding this appeal:

Name:

Title:

Mailing Address:

City, State, Zip:

Phone:

Fax:

Email:

VI. Evidence:

You may submit written documents/evidence to the hearing officer by attaching it to this appeal request or by sending it under separate cover. (Note: If sent separately, you must adhere to the deadline for submittal and send to the Office of Administrative Hearings as noted in the Appeal Procedures.)

VII. Signature of Authorized Representative

Signed:

Date:

Name of Authorized Representative:

Email the completed Appeal Request to: CNPAppeals@cde.ca.gov