



REQUEST FOR APPEAL HEARING

A REQUEST FOR APPEAL HEARING MUST BE FILED WITHIN THIRTY (30) DAYS OF THE DATE OF THE NOTICE OF ACTION (NOA). REQUESTS MADE AFTER THIRTY (30) DAYS WILL NOT BE CONSIDERED.

**TO REQUEST AN APPEAL HEARING, SEND THIS COMPLETED FORM AND
A COPY OF THE NOTICE OF ACTION YOU ARE APPEALING TO: energyinfo@arkansas.gov
OR BY MAIL TO: Arkansas Department of Energy & Environment | Arkansas Energy Office
5301 Northshore Drive | North Little Rock, AR 72118-5317**

WHICH PROGRAM'S DECISION ARE YOU APPEALING?

☐ **LIHEAP**

☐ **WAP**

☐ **LIHWAP**

CLIENT NAME (PRINT):

PHONE NUMBER:

ADDRESS:

ALTERNATE #:

CITY, STATE AND ZIP CODE:

EMAIL:

COUNTY OF RESIDENCE:

IF COMPLETING THE FORM ON BEHALF OF THIS CLIENT, PLEASE PROVIDE YOUR NAME ADDRESS, PHONE NUMBER AND EMAIL BELOW:

YOUR NAME:

PHONE NUMBER:

ADDRESS

ALTERNATE #:

CITY, STATE AND ZIP CODE:

EMAIL:

What action are you appealing? (Check all that apply)

- ☐ I was not allowed to file an application.
- ☐ I filed an application, but it has not been processed in a reasonable amount of time.
- ☐ My application was wrongly denied.
- ☐ I disagree with the amount of my benefits.
- ☐ I am dissatisfied with the services I received.

☐ I believe I have been discriminated against on the basis of:

- ☐ Age ☐ Color ☐ Disability ☐ National Origin
- ☐ Political Beliefs ☐ Race ☐ Religion ☐ Sex

☐ Other: _____

PLEASE PROVIDE ADDITIONAL INFORMATION ON BACK.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Signature of Person Helping
to Complete This Form**

or email to energyinfo@arkansas.gov

