



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.

