

**ENVIRONMENTAL HEALTH SERVICES DEPARTMENT**

**MATTHEW CONSTANTINE, R.E.H.S., Director**

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**RESOURCE MANAGEMENT AGENCY**

**DAVID PRICE III, RMA DIRECTOR**

Animal Control Department  
Community and Economic Development Department  
Engineering and Survey Services Department  
Environmental Health Services Department  
Planning Department  
Roads Department

**REQUEST TO APPEAL GRADE**

**Business Name:** \_\_\_\_\_

**Business Site Address:** \_\_\_\_\_ **Suite #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Alternate Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Business Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_ **am requesting an appeal of the grade**  
(Facility Owner or Operator)

**noted on the inspection conducted on** \_\_\_\_\_ .  
(Inspection Date)

**Request must be submitted within five business days following the inspection.**

**Please provide an explanation.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Provide as many details as possible)

<b>Hearing Information</b>			<b>Date Received:</b>		
<b>Date:</b>	<b>Time:</b>	<b>Location:</b>			
<b>FA:</b>		<b>OW:</b>		<b>PR:</b>	
<b>Copy:</b> <input type="checkbox"/> Operator <input type="checkbox"/> Director <input type="checkbox"/> Chief <input type="checkbox"/> Food Program Supervisor <input type="checkbox"/> Inspector <input type="checkbox"/> File					