





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@adeq.state.ar.us 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?

	WAP			
	LIHWAP			
(CLIENT NAME (PRINT):		PHONE NUMBER:	
	ADDRESS:		ALTERNATE #:	
CITY, STATE AND ZIP CODE:			EMAIL:	
С	COUNTY OF RESIDENCE:			
if Co Low		ALF OF THIS CLIENT, PLEAS	SE PROVIDE YOUR NAME ADDRESS, PHONE NUMBER AND EMAII	BE-
	YOUR NAME:		PHONE NUMBER:	
	ADDRESS		ALTERNATE #:	
CITY, STATE AND ZIP CODE:			EMAIL:	
What action are you appealing? (Check all that		i g? (Check all that	□ I am dissatisfied with the services I received.	
apply) □ I was not allowed to file an application.		n application	I believe I have been discriminated against or	n the
□ I filed an application, but it		••	□ Age □ Color □ Disability □ National Ori	gin
-	processed in a reasonable amount of time.		□ Political Beliefs □ Race □ Religion □	-
	•			CCA
			□ Other:	

PLEASE PROVIDE ADDITIONAL INFORMATION ON BACK.

Please provide additional information regarding the action you are appealing. Attach additional sheets, if necessary.

Signature of Applicant

Date

Signature of Person Helping to Complete This Form

REGISTER NUMBER OR UNIQUE IDENTIFIER (found in Section 1 of Notice of Action)

Within thirty (30) days of the date of the Notice of Action, mail the completed Request for Appeal Hearing and a copy of the Notice of Action you are appealing to:

Arkansas Department of Energy & Environment | Arkansas Energy Office | 5301 Northshore Drive North Little Rock, AR 72118-5317

or email to energyinfo@adeq.state.ar.us



AEO-LIHEAP- R 10/2023

SEE REVERSE