

**ARKANSAS HEALTH SERVICES PERMIT AGENCY
MOSAIC TEMPLARS STATE TEMPLE
906 BROADWAY, SUITE 200
LITTLE ROCK, AR 72201
(501) 661-2509**

**APPEAL FORM
FOR
PERMIT OF APPROVAL DECISIONS**

POLICY: An appeal of a decision by the Arkansas Health Services Permit Agency is made in accordance with Section V. B. 12, Policies and Procedures for Permit of Approval Review. Hearing proceedings shall comply with the Arkansas Administrative Procedures Act.

Parties appealing decisions by the Agency may be responsible for the costs of a hearing officer, hearing room, court reporter, and other expenses attributed to the hearing.

APPLICANT: Name _____

Address _____

City _____ County _____ Phone _____

Fax _____ Email _____

DESCRIPTION OF PROJECT: _____

DECISION RENDERED: Approval _____ Denial _____

NAME OF PARTY REQUESTING APPEAL: _____

Address _____

City _____ County _____ Phone _____

Fax _____ Email _____

NAME OF APPELLANT'S ATTORNEY _____

Address _____

City _____ County _____ Phone _____

Fax _____ Email _____

GROUNDS FOR THE APPEAL:

I hereby request an appeal of the Arkansas Health Services Permit Agency's decision previously referred to, and request a public hearing on the decision.

Signature

Date