

ROBERT G. CASSILLY
Harford County Executive



ROBERT S. McCORD
Director of Administration

APPEAL FROM AGENCY ACTION FORM

This appeal is made in accordance with Section R-2.4 Appeals from Agency Actions, as set forth in the Harford County Amended Administrative Rules of Procedure for Appeals from Agency Actions policy, ADMIN-08. **Please complete items 1 (one) through 7 (seven) and sign and date the form.**

1. Name _____

2. Address _____

3. Telephone _____

4. Agency which rendered decision or took the action which is the subject of this appeal: _____

5. Date of Agency decision or action: _____

6. Nature of Appeal. Please provide a concise statement identifying the action, order or decision issued by the Agency and the reason you believe the agency decision is in error and identify the relief you are requesting:

7. Hearing requested? Yes _____ No _____

(If **No**, all arguments and evidence must be submitted within 15 days of your request for appeal unless additional time is granted by the Director of Administration.)

Signature _____ DATE OF THIS APPEAL _____

Upon completion, send this form and any required information to:

Director of Administration
Harford County 220 South Main Street
Bel Air, Maryland 21014

The reverse side of this form shall be completed by the Director of Administration.

BY THE DIRECTOR OF ADMINISTRATION FOR:

DATE_____ TIME_____

PLACE_____

9. Agencies to be Notified:

_____ Date Notified:_____

_____ Date Notified:_____

_____ Date Notified:_____

10. Others to be Notified (Petitioner must notify his witnesses).

_____ Date Notified:_____

_____ Date Notified:_____

_____ Date Notified:_____

NOTES: _____

