

BARRY GLASSMAN
HARFORD COUNTY EXECUTIVE



BEN LLOYD
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.)

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220 South Main Street, Bel Air, Maryland 21014

THIS DOCUMENT IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

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.
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8. HEARING IS SCHEDULED 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: _____

