



# 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](mailto: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?

**LIHEAP**

\_\_\_\_\_

**WAP**

\_\_\_\_\_

CLIENT NAME (PRINT): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALTERNATE #: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

IF COMPLETING THE FORM ON BEHALF OF THIS CLIENT, PLEASE PROVIDE YOUR NAME ADDRESS, PHONE NUMBER AND EMAIL BELOW:

YOUR NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS \_\_\_\_\_

ALTERNATE #: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### What action are you appealing? (Check all that apply)

- I was not allowed to file an application.
- I filed an application, but it has not been processed in a reasonable amount of time.
- My application was wrongly denied.
- I disagree with the amount of my benefits.
- I am dissatisfied with the services I received.

I believe I have been discriminated against on the basis of:

- Age       Color     Disability    National Origin
- Political Beliefs     Race         Religion     Sex

Other: \_\_\_\_\_

**PLEASE PROVIDE ADDITIONAL INFORMATION ON BACK.**

