



# 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**

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**WAP**

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**LIHWAP**

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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:

- |  |                                |                                     |  |
|--|--------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Age               | <input type="checkbox"/> Color | <input type="checkbox"/> Disability | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Political Beliefs | <input type="checkbox"/> Race  | <input type="checkbox"/> Religion   | <input type="checkbox"/> Sex             |

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

**PLEASE PROVIDE ADDITIONAL INFORMATION ON BACK.**

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

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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](mailto:energyinfo@adeq.state.ar.us)

