

# Appeal Request Form

I hereby request an administrative appeal regarding an adverse decision issued by the

\_\_\_\_\_ Agency, dated \_\_\_\_\_.

I attached the following documents:

- (1) a copy of the adverse decision, and
- (2) a statement why I disagree with the agency determination.

The date received the agency determination was \_\_\_\_\_.

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send your appeal request to a National Appeals Division Regional Office within your state of residency. The drop down menu below list the State and acronym for each servicing regional office. Match each acronym to the corresponding mailing address on page 2.

State of Residence

REMINDER: You waive your right to appeal an adverse decision if a request to appeal in not filed within 30 calendar days of the date you received the adverse decision.

Western Regional Office (WRO)  
755 Parfet Street Suite 494  
Lakewood, Colorado 80215-5506

Phone: 1-800-541-0483  
(303) 236-2862  
TTY: 1-800-497-0253  
Fax: (303) 236-2820

Southern Regional Office (SRO)  
Post Office Box 1508  
Cordova, Tennessee 38088

Phone: 1-800-552-5377  
(901) 544-0359  
TTY: 1-800-627-8332  
Fax: (901) 544-0363

Eastern Regional Office (ERO)  
Post Office Box 68806  
Indianapolis, Indiana 46268-0806

Phone: 1-800-541-0457  
(317) 875-9648  
TTY: 1-800-791-3222  
Fax: (317) 875-9674