An administrative review is an informal evaluation that Licensing staff conducts to determine whether a Licensing decision or action was appropriate. If you are entitled to an administrative review, you were informed of this right when you were notified of the decision or action. Your request for an administrative review must be submitted in writing either by using this form or a letter. In order to be considered, requests must be complete and must be faxed or postmarked within 15 days after you receive our notification of your right to an administrative review. Please mail the request to the address that was given to you in the notification of the decision or action.

(Please type or print)		
Name of Operation		Telephone No. (A/C)
•		• • • •
Address of Operation - Street	City	ZIP
-	•	
Type of Operation	Operation Number	
	-	

Name of Person Requesting the Review (Must be the Director, Governing Body or Designee of the operation unless action is being taken against a Controlling Person, an Administrator's License, or a Designated Perpetrator; if so, that person must complete this form.)

Address		Tel	ephone No. (A/C)
City	State		Zip

1) Date notified of Licensing decision or action (Attach a copy of the notice.)

 Describe the decision or action in dispute. (If you are entitled to an administrative review, you were notified of this right when we notified you of our decision or action.)

3) Identify the issues you have regarding the Licensing decision or action. State specific questions or provide additional information about the disputed issue.

(Attach photographs and diagrams as appropriate. Use additional sheets if necessary.)

Signature of Person Entitled to an Administrative Review

Date Submitted

TO BE COMPLETED BY LICENSING STAFF

Date Request Received	Review Decision Date	Date Review Result Sent