

NOTICE OF APPEAL

DATE

OMB APPROVAL NO.

3090-0221

TO: Civilian Board of Contract Appeals

I/We hereby appeal the final decision of _____ issued _____.
(Name of Contracting Officer) (Date)in connection with a dispute under Contract No. _____. This contract was awarded _____
(Date)for _____
(Type of commodity, service, or construction)by _____,
(Name of agency and organizational unit) (City and State)

1. DESCRIBE THE NATURE OF THE DISPUTE INVOLVED IN THE FINAL DECISION AND ANY OTHER CIRCUMSTANCES GIVING RISE TO THIS APPEAL:

2. DESCRIBE THE RELIEF WHICH YOU SEEK INCLUDING AN ESTIMATE OF THE AMOUNT OF MONEY IN CONTROVERSY, IF ANY, AND IF KNOWN:

APPELLANT			ATTORNEY FOR APPELLANT		
NAME			NAME		
TITLE			FIRM		
STREET			STREET		
CITY			CITY		
STATE	ZIP CODE	TELEPHONE NUMBER ()	STATE	ZIP CODE	TELEPHONE NUMBER ()
APPELLANT'S SIGNATURE			ATTORNEY'S SIGNATURE		