



# Notice Of Appeal

<b>HISA Case Number:</b>	<b>Violation Date</b> (mm/dd/yyyy):
<b>State Tracking Number:</b> (optional)	<b>Ruling Date</b> (mm/dd/yyyy):
<b>Track Name:</b>	<b>Track HISA ID:</b>
<b>Person named in the ruling that is being appealed</b>	
<b>Name:</b>	<b>HISA ID:</b>
<b>Address:</b>	<b>Email:</b>
	<b>Phone:</b>
<b>REASONS FOR APPEAL</b>	
I hereby appeal the Ruling, Decision, or Order identified above by the HISA Action Number, to which I object for the following reasons and request the following relief (attach additional page(s) if necessary):	
<div style="display: flex; justify-content: space-between;"> <div>I Request a Hearing for Oral Presentation of Appeal:</div> <div>Yes</div> <div>No</div> </div>	
<b>TO REQUEST A STAY PENDING APPEAL:</b> <u>MARK AN X IN THE BOX BELOW, AND SIGN &amp; DATE NEXT TO IT</u> A REQUEST FOR STAY WILL NOT BE CONSIDERED BY HISA UNLESS IT IS SPECIFICALLY REQUESTED. A STAY MAY BE GRANTED BY HISA FOR GOOD CAUSE, BASED UPON THE REASONS PROVIDED BELOW	
<input type="checkbox"/> Signature:	Date:
This Request for Stay should be granted for the following reasons (attach additional page(s) if necessary):	
<b>Person Filing Appeal or Person's Representative</b>	
<b>Name:</b>	
<b>Email:</b>	
<b>Physical Address:</b>	
The physical address and email address will be used by HISA to serve filings in this appeal.	
<b>Signature:</b>	<b>Date:</b>

Email completed form to [reporting@hisaus.org](mailto:reporting@hisaus.org) or mail it to HISA 201 East Main Street, Suite 340 Lexington, KY 40507. The form must be sent within 10 days of the ruling date. Proof of mailing within 10 days is required (e.g Post mark, Certificate of Mailing).