

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE )  
APPEAL OF )  
)  
) NO.

**NOTICE OF APPEAL**

I, \_\_\_\_\_, hereby appeal to the Champaign County Public Aid Appeals Committee the decision  action  inaction **(check applicable box)** of the General Assistance Office (GAO) of \_\_\_\_\_ Township with regard to my  application  grant **(check applicable box)**

for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am requesting that the Champaign County Public Aid Appeals Committee order the GAO to \_\_\_\_\_

\_\_\_\_\_

My mailing address and telephone number are:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_, 20\_\_\_\_

**NOTE:** If you wish, the General Assistance Office will assist you in filing out this Notice of Appeal. Upon completion, file this Notice with the General Assistance Office of the Township in which the appeal is being filed.

**FOR USE OF GENERAL ASSISTANCE OFFICE, PUBLIC AID APPEALS  
COMMITTEE ONLY**

Date Notice of Appeal received: \_\_\_\_\_

Date of Decision appealed from: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_