**APPEAL FORM**

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| **Mail to:** | PROJECT |  |
| INDOT | CODE |  |
| Real Estate Division, Relocation Unit | PARCEL |  |
| 100 N. Senate Avenue, Room N758-RE |  |  |
| Indianapolis, IN 46204 |  |  |

To Whom It May Concern:

This is to inform you that I am dissatisfied with the determination made by the Relocation Unit. I am requesting an appeal hearing regarding:

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I base my appeal on the following reasons and documentation: (please attach any supplemental information and documentation you wish to include).

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I understand that I will be given a full opportunity to be heard, that a decision will be reached promptly on the basis of evidence submitted, and that I will be notified of the decision.

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| Date |  | Signature |
|  |  |  |
|  |  |  |
|  |  | Address |
| Phone Number |  |  |
|  |  | City, State, Zip |