_____
(Date of Letter)

Department of _____
(Government Department for Office)

_____
(Room, Floor or P.O. Box)

_____
(Government Office Building)

_____
(Street Address)

_____
(City, State and Zip Code)

RE: Request for Specific Forms

Attn: Office Administrator

Dear Office Administrator:

On the _____day of _____(month/year), your agency initiated action on _____(set forth specific action taken by the agency). The undersigned, on behalf of _____(self, specify interested individuals, specify interested group, etc.)_____ (did/did not) receive notice of the action taken by the agency prior to the forementioned date.

The action taken by the agency, as noted above, is deemed to be inappropriate, pursuant to _____(federal law, federal rules, agency rules, administrative rules, federal procedure, etc.) and, for that reason, will be contested by the undersigned on behalf of _____(self, specify interested individuals, specify interested group, etc.).

Please immediately provide an appropriate contested complaint form used by your agency. If a contested complaint form is not available, please immediately provide a copy of the administrative rules relative to contested case complaints that govern your agency. Failure to appropriately provide this information may constitute a failure to comply with federal law regarding notice and/or federally protected rights. Therefore, your immediate attention is mandated. Please provide the requested information within days.

Very truly yours,

_____
(Signature)

_____
(Address)

_____
(City, State and Zip Code)

_____
(Phone Number)

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This is not a substitute for legal advice. An attorney must be consulted.