



NEW YORK CITY

CIVIL SERVICE COMMISSION

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COMMISSIONER, VICE
CHAIR

CHARLES D. McFAUL
COMMISSIONER

APPELLANT
NOTICE OF HEARING APPEARANCE

<u>Appellant Name:</u>	<u>Date:</u>
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Appellant's Information:

Address:	
Phone #:	
Email Address:	
May the CSC contact you via email?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a representative/ attorney?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Appellant's Witness Information:

Witness Name:	
Address:	