

**NOTICE OF APPEAL – DISQUALIFICATION CASE**

**EXAM NAME:** \_\_\_\_\_

**EXAM NO.:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TO:** The City Civil Service Commission

I, \_\_\_\_\_,  
(Name)

wish to appeal the disqualification decision made by  
\_\_\_\_\_,  
(Name of Agency)

for the following reason:  
\_\_\_\_\_.  
(Type of Disqualification)

Disqualification Notice Attached (**check ONLY if disqualification notice attached**)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

**Street Address:** \_\_\_\_\_ **Apt. No.** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ Check one:  Cell /  Home /  Work

**Email (required):** \_\_\_\_\_