



**CITY OF NEW YORK  
CIVIL SERVICE COMMISSION**

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appeals@nyccsc.nyc.gov

**AGENCY ATTORNEY  
NOTICE OF HEARING APPEARANCE**

<b><u>Appellant Name:</u></b>	<b><u>Date:</u></b>
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*Complete form below or place business card here:*

**Agency Attorney Information:**

Attorney Name:	
Address:	
Phone #:	
Email Address:	

**Agency Witness Information:**

Witness Name:	
Address:	