



ENVIRONMENTAL QUALITY

REQUEST FOR APPEAL HEARING

Date: _____

Client Name (print): _____ Date of Birth: _____

Client Address: _____

Phone Number: _____

Alt. Phone Number: _____

County: _____

Email: _____

If completing this form on behalf of this client, please provide your name, address, phone, and email below:

Requestor Name (print): _____

Phone Number: _____

Requestor Address: _____

Alt. Phone Number: _____

Email: _____

ANSWER THE QUESTIONS BELOW TO REQUEST A HEARING TO APPEAL AN ACTION TAKEN BY LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) OR WEATHERIZATION ASSISTANCE PROGRAM (WAP) ABOUT YOUR BENEFITS.

1. What action are you appealing? (Check all that apply)

- ☐ I was not allowed to file an application.
- ☐ I filed an application, but it has not been processed in a reasonable amount of time.
- ☐ My application was denied.
- ☐ The amount of my benefits is inadequate.
- ☐ I am dissatisfied with the services I received.
- ☐ I believe I have been discriminated against on the basis of:
- | | | | |
|--------------------------------|--|--|-----------------------------------|
| ☐ age | ☐ disability | ☐ political beliefs | ☐ religion |
| ☐ color | ☐ national origin | ☐ race | ☐ sex |
- ☐ Other: _____

Additional Information (optional): _____

2. In what program was this action taken?

- ☐ LIHEAP Name of servicing Agency: _____
- ☐ WAP Name of servicing Agency: _____

Signature of Applicant or Authorized
Representative

Date

Signature of Person Helping to Complete
this form

TO SUBMIT THIS REQUEST FOR A HEARING, SEND THIS COMPLETED FORM, WITH THE NOTICE OF ACTION YOU ARE APPEALING, TO:



Division of Environmental Quality
Arkansas Energy Office
5301 Northshore Drive
North Little Rock, AR 72118-5317

