



COMMONWEALTH OF PENNSYLVANIA
ENVIRONMENTAL HEARING BOARD

NOTICE OF APPEAL

1. Name, address and telephone number of Appellant:

2. Subject of your appeal:

(a) Action of the Department for which review is sought (*a copy must be attached*):

(b) The Department's official who took the action:

(c) The location of the operation or activity which is the subject of the Department's action (municipality, county):

(d) On what date and how you received notice of the Department's action:

3. *Objections to the Department's action in separate, numbered paragraphs.* The objections may be factual or legal and must be specific. If you fail to state an objection here, you may be barred from raising it later in your appeal. Attach additional sheets, if necessary.

4. Specify any related appeal(s) now pending before the Board. If you are aware of any such appeal(s) provide that information.

The information submitted is true and correct to the best of my information and belief.

Signature of Appellant or Appellant's Counsel

Telephone No.: _____

If you have authorized counsel to represent you, please supply the following information (CORPORATIONS MUST BE REPRESENTED BY COUNSEL):

Name (Type or Print)

Address

(Area Code) Telephone Number

THIS FORM AND THE PROOF OF SERVICE MUST BE RECEIVED BY THE ENVIRONMENTAL HEARING BOARD WITHIN 30 DAYS AFTER YOUR RECEIPT OF NOTICE OF THE ACTION OF THE DEPARTMENT THAT YOU ARE APPEALING. MAIL OR HAND-DELIVER YOUR APPEAL AND PROOF OF SERVICE TO:

**ENVIRONMENTAL HEARING BOARD
2nd Floor, Rachel Carson State Office Building
400 Market Street, P.O. Box 8457
Harrisburg, PA 17105-8457**

You may wish to send your appeal to the Environmental Hearing Board by certified mail, return receipt, so that you know your appeal was received by it within the required time.

TDD users please contact the Pennsylvania Relay Service at 1-800-654-5984. If you require an accommodation or this information in an alternative form, please contact the Secretary to the Board at 717-787-3483.

