

USDA National Appeals Division Appeal Request Form

I hereby request an administrative appeal regarding an adverse decision issued by the

_____ Agency, dated _____

I have attached the following documents:

- (1) a copy of the adverse decision, and
- (2) a statement why I disagree with the agency determination.

The date I received the agency determination was _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone (primary): _____

Phone (alternate): _____

Email Address: _____

Signature: _____ Date: _____

Send your appeal request to the National Appeals Division Regional Office servicing your state of residency. The drop-down menu below lists the state & territory and the acronym for the servicing regional office. Match the acronym to the corresponding mailing address on page 2 of this form.

State of Residence: _____

REMINDER: You waive your right to appeal an adverse decision if an appeal request is not filed within 30 calendar days of the date you received the adverse decision.

Eastern Regional Office (ERO)

Post Office Box 68806
Indianapolis, Indiana 46268-0806
Phone: 1-800-541-0457
 (317) 875-9648
TTY: 1-800-791-3222
Fax: (317) 875-9674

Southern Regional Office (SRO)

Post Office Box 1508
Cordova, Tennessee 38088
Phone: 1-800-552-5377
 (901) 544-0359
TTY: 1-800-627-8332
Fax: 1-855-438-8034

Western Regional Office (WRO)

13922 Denver West Parkway
Suite 100-NAD
Lakewood, CO 80401-3102
Phone: 1-800-541-0483
 (303) 236-2862
TTY: 1-800-497-0253
Fax: (303) 236-2820