

Fee Paid _____

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Receipt No. _____

Category Type _____

**FOOD PROTECTION HEARING BOARD (FPHB)
APPEAL APPLICATION**

Date: _____

Name of Applicant: _____

Mailing Address: _____

Telephone No: _____ Fax No: _____

Title of Regulations: Regulations of the Washoe County District Board of Health Governing Food Establishments

Sections(s) Proposed for Appeal: _____

Reason for Appeal: _____

Signature

Date Signed

(Office Use Only)

Appeal Fee _____ Public Notice Dates _____