



Date:

A. INDIVIDUAL FILING APPEAL (“Appellant”)

Full Name: _____				
Street Address: _____			City: _____	
State:	TX	Zip :	Telephone	Email

B. OPPOSING PARTY (“Appellee”)

Full Name: _____				
Street Address: _____			City: _____	
State:	TX	Zip :	Telephone	Email

C. COMMITTEE WHOSE DECISION IS BEING APPEAL (Last Heard By)

Committee Name: _____	Committee Chairman: _____
Decision Date: _____	

D. BRIEFLY LIST THE REASONS YOU ARE APPEALING THIS DECISION

AGREEMENT

I certify that I have included the appropriate appeal fee of \$100.00 as provided in the decision letter (in the form of cashier’s check, certified check, or money order; payable to CSA) within the time frame allowable in the decision letter and conforming to the CSA Bylaws unless that fee has been waived by the association A&D Chairman.

Signature _____ *Date* _____

For Official Use Only

Date: _____	<input type="checkbox"/> Appeal Fee Received
Received by: _____	<input type="checkbox"/> Appeal Fee Waived