Anna Rescue, Inc. (For Office Use Only) Form #_____

Member Appeals Form

Member's Name: _____ Date Filed: _____

Receiving Officer: _____

This appeal form must be completed and submitted to the Board of Trustees within 7 days of the decision. This form must be filled out in its entirety. Failure to do so will result in dismissal of the appeal.

Please describe in detail the decision you are appealing.

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Please describe in as much detail as possible the reason for your appeal.

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Please describe any positive solutions you believe can help resolve your issue with the current decision.

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I declare that the facts set forth in this form are true and accurate pursuant to the penalty of perjury under the law of this State/Province. Furthermore, by signing this document I acknowledge that disciplinary action may be brought against me if proven that I filed false claims as per Article IX of the Anna Rescue Bylaws.

Member's Signature: _____ Date: _____