



# STATE PLUMBING BOARD OF LOUISIANA

*"From Hospital to Home, Your Health Depends on Proper Plumbing — A Cornerstone of Public Health"*

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## APPEAL REQUEST FORM

\*Once the request is received, our office will mail a notice to you. Please be sure to list your current mailing address below. Please attach any significant documentation that corresponds with your appeal request. You may contact our office if you have questions about the documentation that may be needed. The Appeal Request Form and its accompanying documents must be received by our office no later than 10 days prior to the Board Meeting.

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

Request Details: (please write in detail the reason for the request)

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