

## PETE SUAZO UTAH ATHLETIC COMMISSION

Governor's Office of Economic Development

60 E. South Temple, 3rd FloorSalt Lake City, Utah 84114-6950 Telephone Number: 801-538-8876 Fax Number: 801-708-0849

Email: psuac@utah.gov

## APPEAL REQUEST FORM

To request an appeal of a contest outcome must be submitted on the Appeal Request form within (7) days of the contest to the Director of the PSUAC via email, FAX or USPS mail. (see info above for details)

SECTION I PETITION	ER INFORMA	ATION					
INSTRUCTIONS: The following information must be provided by the Petitioner (the Petitioner may be the Contestant, Manager, or Second who is appealing a contest outcome). The signature of the Petitioner is required.  Please use BLACK INK when filling out this form.							
Petitioner Name:				License Numbe	r:		
Do you need a translator?	Yes 1	No If yes, what	language/dial	ect?			
Petitioner Address:	Telephone No.: Street No., Apt. No., or PO Box						
	City	State	ZIP Code	Fax No.:			
E-mail Address:	City	State	Zii Code	Cell Phone No.:			
I authorize the PSUAC to send confidential information regarding my appeal to the e-mail address listed above.							
I authorize the PSUAC to send confidential information regarding my appeal by text message or voice mail to the cell phone number listed above.							
Complete this section for Licensed Manager only Manager License Number:  Manager Name (if applicable):							
Address:		Ū					
Email:	Street No., Apt.	No., or PO Box		City	State	ZIP Code	
Complete this section for Licensed Second only							
Manager License Number:	Manager Name (if applicable):						
Address:	Street No., Apt.	No or PO Box		City	State	ZIP Code	
Email:							
SECTION II INFORMA	TION REGAI	RDING ALL PAR	TICIPANTS				
INSTRUCTIONS: List all name	s, dates, locat	ions, and officials	that you know	participated in the co	ontest in ques	stion	

SECTION III	REASON FOR APPEAL
INSTRUCTIONS:	Please provide detail as to the reason of your appeal
SECTION IV	JUSTIFICATION FOR THE APPEAL
	(one of the following must be in question for the appeal to be granted)
<ul> <li>Misapplication</li> </ul>	On of the rule? (if so, please list the COMPLETE rule as set forth by the ABC Unified Rules)
	USION (example: proof that someone conspired to effect the outcome of the contest)  Caction or not able to see the incident which led to the outcome (example: did the referee look away, or was the judge
not watching the	incident that led to the outcome in question)
***Please	note the absence of at least one of these criteria may be grounds for dismissal of the appeal**
SECTION V	REMEDY SOUGHT
	(Explain how the evidence provided above should impact the outcome & what that outcome should be)
internetial.	(Explain now the evidence provided above should impact the outcome a what that outcome should be,
Signature of	
Petitioner:	Date:

ARF (4-21) (INTERNET) PSUAC