



**Osage Nation Financial Assistance Department**

627 Grandview Avenue  
Pawhuska, OK 74056  
Phone: (918) 287-5325  
Fax: (918) 287-5593

**APPEAL REQUEST FORM**

I hereby request a review of my application and supporting documentation, and request an appeal regarding the decision made regarding my eligibility for services.

Please state the reason(s) you are requesting a review and why you wish to appeal the decision made regarding your request for assistance (please be as specific as possible – use additional sheets of paper if necessary):

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I was notified of the decision by \_\_\_\_\_, in writing on  
(Department/Program)

\_\_\_\_\_, 20\_\_\_\_\_.

Service requested: \_\_\_\_\_

My name is: \_\_\_\_\_

My phone/message number is: \_\_\_\_\_

My address is: \_\_\_\_\_  
(Street number) (City) (State) (Zip code)

I will be represented by (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date