



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):

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