

Request for Appeal Form

Name:/Business Name(if applicable):_____

Address: _____ City: _____ State: _____

Phone Number: _____

Email: _____

Please state reason for appeal request:

Print Name: _____

Signature: _____

Date: _____

Please submit the completed Request for Appeal to:

Janette Angulo, MPA, Director

Imperial County Public Health Department

935 Broadway

El Centro, CA 92243

or

Email: janetteangulo@co.imperial.ca.us

or

Fax: (760)352-9933

Imperial County Public Health Department, Environmental Health Division

1221 W. State Street, Suite B, El Centro, CA 92243

Phone: (442) 265-1888

www.jcphd.org