



City of Allentown
Bureau of Health
City Hall
Room 410
435 Hamilton Street
Allentown, PA 18101
Phone 610-437-7759
Fax 610-439-5946
www.allentownpa.gov

MUST BE RECEIVED BY: _____

FOOD SERVICE VIOLATION TICKET APPEAL REQUEST

If the ticket is upheld or modified, payment in full will be required within 14 days of the date of the appeal decision letter. If the appeal is granted, no payment is needed.

I am appealing the following violation ticket: Ticket # _____

FACILITY NAME:	DATE:	FACILITY ADDRESS:
AUTHORIZED FACILITY REPRESENTATIVE NAME:		DAYTIME PHONE NUMBER:
(PLEASE WRITE LEGIBLY) State ALL reasons for appeal. Decision will be based on explanation. If necessary, use separate sheet of paper and write ticket # in upper right corner.		

FOR OFFICIAL USE ONLY

Hearing ___ / ___ / _____			Hearing Officer _____
Action Taken by Hearing Officer: (CHECK ALL NECESSARY)			
_____ WITHDRAW Ticket	_____ Held for Citation	_____ Reduced to WARNING	
_____ UPHOLD Ticket	_____ Check Returned	_____ Other	
_____ MODIFIED Fine			

