

Sanchez v. Caltrans Settlement Award Appeals Form

Please write as clearly as you can.

If you need help, please call (510) 467-0105

You can drop completed forms off at Homeless Action Center (HAC) at 2601 San Pablo Avenue in Oakland or via email to tlarson@lccrsf.org

Please attach your decision letter to this appeals form.

SECTION 1. CLAIMANT	
Name (Last/First/Middle)	
Nickname/Street Name (if any)	
Date of Birth	
Address or current place you are staying	
Phone or message number	
Email address or other contact info	
Social Media contact	
Which of the above would be the best way to be contacted by the Claims Administrator?	
SECTION 2. APPEAL	
What did the claims administrator decide about your claim?	

<p>Why are you appealing this decision?</p>	
<p>What, if any, additional evidence do you want to provide regarding your appeal?</p>	

I hereby certify under penalty of perjury that the facts set forth in this Appeals Form are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

