

**ARKANSAS HEALTH SERVICES PERMIT AGENCY
MOSAIC TEMPLARS STATE TEMPLE
906 BROADWAY, SUITE 200
LITTLE ROCK, AR 72201
(501) 661-2509**

POA TERMINATION APPEAL FORM

NAME AND ADDRESS OF THE PERSON AND/OR ORGANIZATION REQUESTING THIS APPEAL:

Name

Address

City

County

Zip

Phone

Fax

Email

NAME AND ADDRESS OF APPELLANTS ATTORNEY (if applicable)

Name

Address

City

State

Zip

Phone

Fax

Email

REASONS FOR APPEAL:

(attach additional sheets if needed)

Signature

Date