



State of New Jersey
CASINO CONTROL COMMISSION
APPEAL REQUEST FORM

New Jersey Casino Control Commission
ATTN: Hearing and Appeal Unit
Tennessee Avenue and Boardwalk
Atlantic City, New Jersey 08401

To Whom It May Concern:

I, _____, request to appeal the final action
or determination taken in my matter by the New Jersey Division of Gaming Enforcement as permitted by N.J.S.A. 5:12-63(b). I understand that it is my responsibility to notify the New Jersey Casino Control Commission of any change(s) to my address and/or other contact information. I also understand that if I fail to attend any scheduled conference(s) or hearing(s) dates, my ability to work in the Atlantic City casino industry may be negatively affected and my appeal may be dismissed.
(Please include a copy of the Division Order from which you are appealing.)

LEGAL SIGNATURE

DATE

MAILING ADDRESS: NO. AND STREET, APT., SUITE, RD. NO.

CITY, STATE, ZIP CODE

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DAYTIME TELEPHONE NUMBER

LANGUAGE SPOKEN (IF NOT ENGLISH)

EMAIL ADDRESS: _____ @ _____ . _____

DO YOU HAVE A DISABILITY WHICH MAY REQUIRE A SPECIAL ACCOMMODATION? YES NO

Should you require additional information regarding this process,
please contact the New Jersey Casino Control Commission's General Counsel's Office:

New Jersey Casino Control Commission
Tennessee Avenue and the Boardwalk
Atlantic City, New Jersey 08401

Email: Teresa.Pimpinelli@ccc.nj.gov

Telephone: 609.402.0820

Facsimile: 609.441.7394

Website: www.nj.gov/casinos/