

Pension Review Board

P.O. Box 13498, Austin, TX 78711 • FAX: (512) 463-1882 • PHONE: (800) 213-9425 or (512) 463-1736

NOTICE OF APPEAL

TO: The Texas Local Fire Fighter's Retirement Act
Board of Trustees of _____, Texas

Address: _____

Phone Number: _____

Email Address: _____

You are hereby notified, as provided in Section 22 of Tex. Rev. Civ. Stat., Art. 6243(e), the Texas Local Fire Fighters Retirement Act, of my intention to appeal your Board's Decision and Order of the ____ day of _____, 20 ____ to the State Office of Administrative Hearings.

In which Decision and Order the Board of Trustees of _____, Texas:

Check those that apply:

- Denied my application for: Service retirement Disability retirement Survivor's benefits Other: _____
- Terminated or reduced my: Service retirement Disability retirement Survivor's benefits Other: _____
- Granted incorrect benefits in the amount of \$ _____ for:
 Service retirement Disability retirement Survivor's benefits Other: _____

Briefly stated, I feel that I have been aggrieved by your decision because: (State the statute section, rule, plan year, plan section and other facts that form the factual and legal basis for your appeal)

CERTIFICATE OF SERVICE

I, _____, do hereby certify that on this the ____ day of _____, 20____, I served the above Notice of Appeal, via hand delivery, fax, or certified mail, return receipt requested, to:
_____, Chairman (or Secretary) of the above Board of Trustees.

Applicant's Signature: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Applicant's Email Address: _____

ACKNOWLEDGMENT

I, _____, Chairman (or Secretary) of the Texas Local Fire Fighters Retirement Act Board of Trustees of _____, Texas, do hereby acknowledge service of the above notice on the ____ day of _____, 20____.

Signature: _____

Chairman (or Secretary)