PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93‑579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Office.

| INSTRUCTIONS TO APPELLANTS:  State reasons for this appeal in space at bottom. Attach extra pages if needed, sign and date this form and mail to address shown. | Spaces Below To Be Completed By  CALIFORNIA DEPARTMENT OF TRANSPORTATION | | | |
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| DIST.‑CO.‑RTE.‑PM | | | |
| PARCEL NO. | | CORE | E.A. NO. |
| FRINGE | PROJECT ID NO. |
| PRINT OR TYPE YOUR FULL NAMES: | ADDRESS OF SUBJECT PARCEL  TYPE OF IMPROVEMENTS: | | | |
| PRESENT MAILING ADDRESS: | Appellant  Is | OWNER‑OCCUPANT | | |
| NON‑RESIDENT OWNER | | |
| ZIP Code | Type of  Hardship | MEDICAL | | |
| FINANCIAL | | |
| OTHER | | |
| MAIL TO:  CALIFORNIA DEPARTMENT OF TRANSPORTATION  DISTRICT HARDSHIP APPEALS BOARD, ROOM \_\_\_\_\_\_\_\_\_\_  This is an appeal of a determination made by the California Department of Transportation under the Hardship Acquisition Program. The nature of my complaint and the reasons why I believe the determination is improper are stated below and/or on the attached pages. | | | | |

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| --- | --- | --- |
| Signature of Appellant | Signature of Appellant | Date Signed |

APPELLANT’S STATEMENT