



## REQUEST FOR APPEALS HEARING

[DATE]

Olgoonik Corporation  
518 Main St.  
P.O. Box 29  
Wainwright, AK 99782

Dear Olgoonik Corporation,

I, \_\_\_\_\_ (*print your name*),  
would like to request a hearing before the Olgoonik Corporation Board of Directors to  
appeal the denial of my enrollment application.

I understand at the hearing I may submit an oral statement and written materials as  
explanation why I feel the enrollment decision was incorrect. My contact information is  
provided below:

My address is:

---

---

---

My phone number is:

---

My email address is:

---

Thank you,

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date