

FORM #6.24 LIVESTOCK APPEAL REQUEST FORM



Attention To: 4-H Ontario
 Attn: Livestock Appeal Committee
 c/o: Coordinator, Programming
 111 Main Street N, P.O. Box 212
 Rockwood, ON N0B 2K0
 Email: opportunities@4-hontario.ca

Appeal being submitted by:

4-H Member Name:		4-H Association:	
Address 1:		Address 2:	
City, Province:		Postal Code:	
Phone Number:	()	Email:	
Project Animal's Name:		Project Animal Commodity:	
Registration Number:			

Contact details for others involved:

Name:		Connection*:	
Phone:		Email:	
Name:		Connection*:	
Phone:		Email:	

* Please indicate how they are connected to your appeal. For example: Veterinarian. If required, please attach another page with further contacts.

Reason for appeal request:

Please include as much detail as possible to assist the Livestock Appeal Committee in their decision making. If required, please add further information on a separate page.

Supporting documentation attached:

Please attach any additional applicable documentation (i.e. third party professional documentation such as a veterinarian note, OPP report, etc.) to this form.

Office Use Only:

Date Received:		Date Reviewed:		Result Sent:	
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