

DEPARTMENT OF HOMELAND SECURITY
 Federal Emergency Management Agency
 Hermit's Peak/Calf Canyon Claims Office

NOTICE OF APPEAL REQUEST FORM

If you received a final Letter of Determination (LOD) from the Hermit's Peak/Calf Canyon Claims Office and disagree with the determination, you may appeal any portion of the compensation determination. You may not appeal payments for which you have already signed a Release & Certification form.

Your request must be postmarked or emailed within 120-days after the date that appears on the final LOD.

You may submit your notice of appeal by email to FEMA-Hermits-Peak-Appeals@FEMA.DHS.gov, in person at one of our three claims office locations, or by mail to: Appeals Docket, Hermit's Peak/Calf Canyon, P.O. Box 1329, Santa Fe, NM 87504.

This form is to help you initiate an appeal. However, instead of using this form, you may submit a written notice of appeal.

CLAIMANT INFORMATION

(Note: If there are Multiple Owners associated with this appeal, then you may notate the other owners name and consent on the Additional Information section found on page 4)

Primary Claimant Name:

Claim Number:

EXPLANATION OF APPEAL

(Note: Specify the Amounts in dispute by Loss Line Item (LLI). If there are more than two-line items associated with this appeal, then you may notate the LLI details on the Additional Loss Line Item section found on page 3)

Loss Line Item Number (Number assigned by the Claims Office & referenced in the Final LOD):

Loss Line Item Details (Description referenced in the LOD):

Requested Amount (Amount you are requesting to be compensated for the LLI):

Approved Offer (Amount approved in the LOD for the LOD):

Statement (Explain why the Approved Offer is incorrect. If additional space is needed, feel free to use on another sheet of paper. Include your name and claim number on all documents):

Loss Line Item Number (Number assigned by the Claims Office & referenced in the Final LOD):

Loss Line Item Details (Description referenced in the LOD):

Requested Amount (Amount you are requesting to be compensated for the LLI):

Approved Offer (Amount approved in the LOD for the LOD):

Statement (Explain why the Approved Offer is incorrect. If additional space is needed, feel free to use on another sheet of paper. Include your name and claim number on all documents):

AUTHORIZATION OF REPRESENTATION

Complete this section only if you will be represented by a third-party representative.

To comply with C.F.R. Section 5.21 and allow access to records developed as part of your claim, any third-party representative (including but not limited to attorneys, public adjustors, and family members), must provide the following:

Full Name of Primary Claimant:

Current Address of Primary Claimant:

Place of Birth of Primary Claimant:

Country of Citizenship or Residence of Primary Claimant:

I, the undersigned Primary Claimant, authorize disclosure of records pertaining to my Hermit's Peak/Calf Canyon Fire Assistance Claim to:

_____ (Name of Representative)

_____ (Primary Claimant)

_____ (Date)

THIRD-PARTY REPRESENTATION CONTACT INFORMATION

Title/Company:

Address:

Name:

Phone Number:

Fax Number:

Email Address:

You will receive an acknowledgment of receipt from the Appeals Docket. If you do not receive an acknowledgment, please contact the Appeals Inbox at FEMA-Hermits-Peak-Appeals@fema.dhs.gov.

APPEAL EXPENSES

Your appeal expenses are not eligible for reimbursement under the Hermit's Peak regulations.

APPEAL WITHDRAW

You may submit a written request to withdraw your appeal at any time and accept the compensation offered in your Final LOD.

ADDITIONAL LOSS LINE ITEMS*(If Applicable)*

Loss Line Item Number (Number assigned by the Claims Office & referenced in the Final LOD):	Loss Line Item Details (Description referenced in the LOD):
Requested Amount (Amount you are requesting to be compensated for the LLI):	Approved Offer (Amount approved in the LOD for the LOD):
Statement (Explain why the Approved Offer is incorrect. If additional space is needed, feel free to use on another sheet of paper. Include your name and claim number on all documents):	
Loss Line Item Number (Number assigned by the Claims Office & referenced in the Final LOD):	Loss Line Item Details (Description referenced in the LOD):
Requested Amount (Amount you are requesting to be compensated for the LLI):	Approved Offer (Amount approved in the LOD for the LOD):
Statement (Explain why the Approved Offer is incorrect. If additional space is needed, feel free to use on another sheet of paper. Include your name and claim number on all documents):	
Loss Line Item Number (Number assigned by the Claims Office & referenced in the Final LOD):	Loss Line Item Details (Description referenced in the LOD):
Requested Amount (Amount you are requesting to be compensated for the LLI):	Approved Offer (Amount approved in the LOD for the LOD):
Statement (Explain why the Approved Offer is incorrect. If additional space is needed, feel free to use on another sheet of paper. Include your name and claim number on all documents):	

ADDITIONAL INFORMATION

Please provide any additional information:

NEXT STEPS AFTER FILING THE NOTICE OF APPEAL

- The Claims Office will send a letter acknowledging receipt of your Notice of Appeal.
- You will have 60-days from the postmarked date on your Notice of Appeal to provide additional documents.
- If you are unable to provide additional documentation within the allotted timeframe, you can submit a written request for an extension prior to the 60-day deadline explaining why you will be unable to meet the timeframe.
- If any supplemental information cannot be provided in writing, please explain why. You may also include documents with your Notice of Appeal.
- The Claims Office may request additional documents, schedule a conference to understand issues, or convene an informal hearing to receive views of witnesses or experts.