

PETITION FOR APPEAL

TRACK _____

DATE _____

(Name)

(License Number)

(Address)

(Social Security Number)

(City) (State) (Zip)

(Date of Birth)

(Home Telephone)

(Business Telephone)

RULING NUMBER _____

DATE OF RULING _____

Describe the decision being Appealed:

Explain your reasons for appealing this decision:

Describe the remedies you are asking the Commission to make

Petitioner,

Please complete all of the above requested information and forward this form to the Idaho State Racing Commission at the address below. IDAPA 11.04.01.SUB AREA: A5.167 The appeal shall be made in writing at the office of the Commission within five (5) days of date of penalty or imposition of discipline. The person filing the appeal may be required to furnish a bond in the amount equal to an assessed fine and an additional two hundred dollars (\$200) to cover the costs, which may be forfeited should the appeal be denied.

Signature: _____

IDAHO STATE RACING COMMISSION
291 North Broadway Street
Blackfoot, Idaho 83221
(208) 884-7080