

EXHIBIT 4.8.0 (A)

FAIR HEARING REQUEST FORM

I hereby request a hearing regarding the decision made on my application for assistance through the Energy Assistance Program.

Please state the reason(s) why you are requesting a hearing (please be as specific as possible -- use additional sheets of paper if necessary):

I was notified of the agency's decision by _____
(Agency Representative)
of the _____
(Agency/Organization Name)
in writing on _____, 20_____

My name is _____
My phone/message number is _____
My email is _____
My address is _____

I will be represented by _____
(If Applicable)

Signature: _____ Date: _____

Mail to:

Department of Commerce
Attn: LIHEAP EAP
1011 Plum St SE
Post Office Box 42525
Olympia, Washington 98504-2525