Carlson Appeal Form



INSTRUCTIONS

Provide all information requested below, have your signature notarized, and mail the completed form and any attachments to:

Carlson Appeal Commercial Fisheries Entry Commission PO Box 110302 Juneau, AK 99811-0302

A. Check the appropriate box:		
I am on the list of those receiving a refund, but the refund amount is wrong.		
I am not on the list of those receiving a refu	nd, but I should be.	
B. Briefly explain your reasons for believing that your refund amount is wrong or that you are entitled to a refund (attach a second sheet if necessary):		
C. You <u>must</u> attach copies of any records or other evidence you believe will show that your refund amount is wrong or that you are entitled to a refund.		
Printed Name	Signature	Social Security Number
Mailing Address	City, State, Zip	Date of Birth
Signed before me this day of	, 201	
	Notary Pub	lic
My commission expires		