



**B. With whom would you like to appeal this action?**

\_\_\_\_\_ The Regional Program Manager (the Licensor's supervisor)

\_\_\_\_\_ The Complaint Supervisor (if the action was from a Complaint Investigation)

\_\_\_\_\_ The Child Care Licensing Administrator

\_\_\_\_\_ The Director of the Bureau of Child Development

\_\_\_\_\_ The Director of the Division of Family Health & Preparedness

\_\_\_\_\_ An Informal Hearing with an Administrative Law Judge (Licensee/Owner will pay all associated costs.)

\_\_\_\_\_ A Formal Hearing with an Administrative Law Judge (Licensee/Owner will pay all associated costs.)

**C. Signature:** \_\_\_\_\_

Please submit the completed form to the Salt Lake office or the Provo office.

**Child Care Licensing, North Region**

PO Box 142007

Salt Lake City, Utah 84114-2007

Fax Number (801) 273-4145

**Child Care Licensing, South Region**

150 East Center Street, Suite 3200

Provo, Utah 84606

Fax Number (801) 371-1168