

**AGRICULTURE FINANCIAL SERVICES CORPORATION
HAIL & CROP INSURANCE APPEAL COMMITTEE**

NOTICE OF APPEAL

1. Name: _____
Address: _____
Phone Number: _____
Fax Number: _____
Email: _____

2. Brief description of decision you are appealing:

3. Briefly describe the reasons for your appeal:

4. Give the names of any other people you may want to come to the appeal with you
(including a lawyer representing you, if you wish):

(If more space is required, please attach additional pages)

5. I have received the information brochure from AFSC, which describes the appeal procedure. I have also paid the appeal fee of \$300.00, which will be refunded if my appeal is successful, in whole or in part.

_____ Date

_____ Signature of Person Filing Appeal