



**CITY OF NEW YORK
CIVIL SERVICE COMMISSION**

1 CENTRE STREET - ROOM 2300
NEW YORK, NY 10007

212-615-8915

www.nyc.gov/csc
appeals@nyccsc.nyc.gov

LETTER OF APPEAL

**Complete and return to the NYC Civil Service Commission
via email or U.S. mail at the contact info above**

Exam Name: _____

Exam No.: _____

List No.: *(if applicable)* _____

Date: _____

I, _____, wish to appeal my disqualification
PRINT NAME

from _____, for the following reason
NAME OF AGENCY

TYPE OF DISQUALIFICATION

Disqualification Notice Attached (please check box ONLY if disqualification notice attached)

Signature

Address: _____

Telephone: _____ **Email:** _____
(please write clearly)

Please note that all communication regarding your appeal will be done via email at the address provided. Please add our email address to your address book so emails will not go into your spam folder. If you lose email access, please notify the Commission at 212-615-8915 as soon as possible.