



**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

**APPELLANT
NOTICE OF HEARING APPEARANCE**

<u>Appellant Name:</u>		<u>Date:</u>
Address:		
Phone #:		
Email Address:		
May the CSC contact you via email? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you have a representative/attorney? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please complete the other side of this form.		

Appellant's Witness Information:

Witness Name:	
Address:	

(see reverse)

Appellant's Representative Information:

Place business card here OR complete form below:

Representative Name:		Attorney? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:		
Phone #:		
Email Address:		