Enter Date

**Letter of Appeal – Request for Waiver**

To Whom It May Concern:

|  |  |
| --- | --- |
| Entity & BEN | Name of District or Library (BEN XXXXXXX) |
| Contact Person | Enter Contact Person’s Name |
| **Contact Information** |   |
| Mailing Address -  | Enter Address, City, State, Zip |
| Phone Number -  | Enter Phone Number |
| Email Address -  | Enter Email Address |
| Funding Year | FYXXXX |
| Application Type & Application Number | Form 471 Application Number XXXXXX  |
| FRN | Top of FormEEnter Funding Request Number/s Bottom of Form |
| Appeal Reason | Enter brief reason for appeal. Provide detailed explanation below.  |
| Proceeding No.  | 02-6 |

**Appeal Explanation:**

Sincerely,

Go to <https://www.fcc.gov/ecfs/filings> , and provide the following:

