

UTAH DEPARTMENT OF HEALTH
DIVISION OF FAMILY HEALTH AND PREPAREDNESS
BUREAU OF HEALTH FACILITY LICENSING AND CERTIFICATION

PO BOX 144103
SALT LAKE CITY, UT 84114-4103
(801) 273-2994
(800) 662-4157 toll free
(801) 274-0658 Fax

REQUEST FOR AGENCY ACTION, ADMINISTRATIVE REVIEW

REQUESTOR INFORMATION

NAME

MAILING ADDRESS PHONE NUMBER

MAILING ADDRESS

CITY STATE ZIP CODE

FACILITY NAME

Reason for Request: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Revocation of License or Certificate | <input type="checkbox"/> Application for License/Certificate |
| <input type="checkbox"/> Conditional License or Certificate | <input type="checkbox"/> Variance Request |
| <input type="checkbox"/> Disagreement with Statement of Findings | <input type="checkbox"/> Other <input type="text"/> |

Explanation of Request: (You may attach additional pages)

Indicate the number of pages attached

SIGNATURE DATE

Do you have legal representation? No Yes If yes please complete the following.

LEGAL REPRESENTATIVE INFORMATION

You may represent yourself at the hearing, but if you wish to have another individual represent you, including an attorney (at your own expense), please provide the following information:

FIRM NAME

ATTORNEY NAME PHONE NUMBER

MAILING ADDRESS

MAILING ADDRESS

CITY STATE ZIP