Appeal to the Elevator Safety Board

Notice: This document affects your legal rights. You may wish to consult an attorney before completing this document. For more information, please read the elevator safety board's rule on contested cases at 875 Iowa Administrative Code Chapter 69. Your name: _____ Your title: _____ Name of the organization you represent, if applicable: _____ Your phone number: _____ Your e-mail address: _____ Your address: Was a Petition for Reconsideration of an Inspection Report timely filed with the Labor Commissioner? If not, you must do so before you can file an appeal with the board. Yes No Did the Labor Commissioner deny your Petition for Reconsideration? Date of denial: _____ No Yes Elevator location: Elevator State ID No.: Inspection date: _____ Inspector's name: _____ What is the basis for your appeal? Please state the findings and conclusions you are challenging. (Attach other pages and copies of related documents.)

Types of review. Appeals may begin with an informal review by the board followed by the option for a formal review. Or, appeals may begin with a formal review.

Informal Review. If you request it and the board considers it appropriate, the board may grant an informal review. Informal review is only available if you waive below the right to seek disqualification of a board member based on the board member's participation in the informal review. You would retain the right to seek disqualification of a board member on other grounds. You can request to proceed with a formal contested case proceeding within 10 days after the informal proceeding.

Formal Review. You have the right to choose to participate in a formal contested case proceeding

I wish to participate in a formal contested case proceeding.

I wish to request participation in an informal review by the board and hereby voluntarily elect to waive the right to seek disqualification of a board member based solely on the board member's participation in the informal review.

Mail this form with copies of the Inspection Report, Petition for Reconsideration, Denial of Petition for Reconsideration, and information you want the board to consider to:

Elevator Safety Board Iowa Division of Labor 1000 East Grand Avenue Des Moines, Iowa 50319-0209 Your signature

Date