STATE OF NEW HAMPSHIRE
New Hampshire Personnel Appeals Board

NOTICE OF APPEARANCE

Appeal of: _____

Department: _____

Date: _____

Please enter my appearance as the representative of record on behalf of:

_____

My name, title, business address and other contact information is as follows:

Name: _____

Mailing Address: _____

Daytime Telephone Number(s): _____

Fax Number (if any): _____

Email Address (if any): _____

Certificate of Service:

By signing below, I certify that a copy of this notice of appearance and any documents attached herewith in relation to this appeal have been served on every other party to the appeal as follows, and in the manner indicated:

Please check the method of service:

Hand-delivered	First-class mail	Certified mail
Registered mail	Express mail	Messenger mail
Priority postal delivery	Facsimile	Electronic submission

Date of service: _____

Person(s) and address(es) to which service was made:

1. _____

2. _____

3. _____

4. _____

5. _____

Signed: _____

Attachments (listed separately, submitted to the Personnel Appeals Board with an original and 5 copies).