

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	CLAIM OF APPEAL ON APPLICATION FOR CONCEALED PISTOL LICENSE	CASE NO.
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Court address

Court telephone no.

Appellant's name, address, and telephone no.

County Clerk's name, address, and telephone no.

v

Appellant's attorney, bar no., address, and telephone no.

CLAIM OF APPEAL

1. I appeal the

a. statement of statutory disqualification as provided by the county clerk under MCL 28.425b(11) because:
(Specify the reasons on a separate sheet. Attach supporting documentation.)

b. failure to provide a receipt under

MCL 28.425b(1) by the county clerk.

MCL 28.425b(9) by _____
Name of entity alleged to have failed to provide receipt

MCL 28.425l(3) by the Michigan State Police. county clerk.

c. failure of the county clerk to issue a license to a carry a concealed pistol. The application filed on _____
complied with MCL 28.425b(1), (5), and (9). Date

d. failure of the county clerk to reinstate my license under MCL 28.428(2).

2. I am filing this appeal in the circuit court of the county in which I reside.

Date

Appellant/Attorney signature

REQUEST FOR CERTIFIED RECORD

I request that the county clerk send a certified copy of the record to the _____ Circuit Court.
Circuit court number or name of county

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this claim of appeal on all parties by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3).

Date

Signature