



Please submit your Agency Action Review request through your provider portal ([ccl.utah.gov](http://ccl.utah.gov)) or by email to the [Office of Licensing Administrative assistant](#) within 15 calendar days from the date of the agency action. For a Notice of Emergency Agency Action (NEAA), your request must be submitted within 5 calendar days from the date of the agency action. Reasonable accommodations in accordance with the Americans Disabilities Act are available with a minimum of 3 calendar days advanced notice.

**Requestor information**

Facility/agency name				<input type="text"/>							
Name		<input type="text"/>		Email		<input type="text"/>					
Mailing address			<input type="text"/>			Phone number		<input type="text"/>			
City		<input type="text"/>		State		<input type="text"/>		Zip code		<input type="text"/>	

**Reason for request**

(to select more than one value: PC users hold the CTRL key down, MAC users hold the command key down)

<input type="text"/>	If "other" is selected, please explain.	<input type="text"/>
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**Explanation of request**  
(attach additional pages if needed)

Number of pages attached

**Signature**

Requestor signature	<input type="text"/>	Date	<input type="text"/>
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**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:

Do you have legal representation?	<input type="radio"/> No <input type="radio"/> Yes	Firm name	<input type="text"/>		
Attorney or representative name	<input type="text"/>		Phone number	<input type="text"/>	
Mailing address	<input type="text"/>			City	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>	Email	<input type="text"/>