

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

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

v

Appellee's name, address, and telephone no.

Note: This appeal must be filed within 21 days of entry of the decision being appealed.

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 or reinstate a license to carry a concealed pistol.

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

Date

/s/
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 and the county clerk by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3).

Date

/s/
Signature