

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>CLAIM OF APPEAL ON APPLICATION FOR CONCEALED PISTOL LICENSE</b>	<b>CASE NO.</b>
Court address		Court telephone no.
Appellant's name, address, and telephone no.		Appellee's name, address, and telephone no.
Appellant's attorney, bar no., address, and telephone no.		<p style="text-align: center;">v</p> <p><b>Note:</b> This appeal must be filed within 21 days of entry of the decision being appealed.</p>

**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 \_\_\_\_\_

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 \_\_\_\_\_

Signature \_\_\_\_\_