

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

Appellant's name, address, and telephone no.

Appellee's name, address, and telephone no.

v

Appellant's attorney, bar no., 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 28.425(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