

WREB APPEAL FORM

APPEAL NUMBER: _____
(Assigned by WREB Administrative Office)

Please return this form with your appeal to:

WREB
23460 North 19th Avenue, Suite 210
Phoenix, AZ 85027

All appeals must be received in the WREB office no later than forty-five (45) days after examination results are mailed from the WREB office.

A \$500 fee is required to cover the expenses involved in processing an appeal. A cashier's check or money order for \$500, payable to WREB, must accompany the appeal. In the event the appeal is upheld, the fee will be refunded.

Please type or print legibly. Do not include your name or other identifying information in this narrative.

The nature of your complaint should be described and discussed in a brief, specific and factual manner. Include all information that supports your complaint. Additional sheets may be added to this original if necessary.
