

SUFFOLK COUNTY DEPARTMENT OF LABOR
LAWFUL HIRING OF EMPLOYEES

NOTICE OF APPEAL

The Suffolk County Lawful Hiring of Employees – Local Law No. 52-2006

To Be Completed By Covered Employer or Covered Employee

NAME: _____

ADDRESS: _____

CONTACT: _____ **TELEPHONE #:** _____

The undersigned hereby gives notice of appeal regarding the decision transmitted on _____ (date of notice) of the requirements of the Suffolk County *Lawful Hiring of Employees* Law. Specifically, we appeal:

Additional documentation is / is not enclosed.

(Signature)

(Date)

(Print Name & Title)

Forward to: **Suffolk County Department of Labor**
Lawful Hiring of Employees Unit
P.O. Box 1319
Smithtown, NY 11787-0895

LHE-5
(01/07)