NOTIFICATION OF DENIED MAIL / PUBLICATION APPEAL FORM

Name of Inmate requesting appeal (print):

_____

Name Number: _____ Housing Assignment: _____

Date of Notification of Denied Mail / publication received: _____

Date of Appeal Request: _____

Description of mail/publication denied:

_____

_____

Reason/Justification for Appeal

Appeal Upheld ☐ Appeal Denied ☐ (Denied appeals will have a written response attached)

_____

Signature of Commander or Designee Date