

NOTICE OF APPEAL

Click here and enter today's date.

To: Postal Service Board of Contract Appeals

I/We hereby appeal the final decision of [Click here to enter the name of the Contracting Officer.](#), dated [Click here to enter the date of the final decision](#), issued in connection with a dispute under Contract No. [Click here to enter the contract number](#) - enter "None" if there is no contract number or if you don't know it.

(OPTIONAL) BRIEFLY DESCRIBE THE NATURE OF THE DISPUTE INVOLVED IN THE FINAL DECISION:

[Click here to enter text.](#)

(OPTIONAL) BRIEFLY DESCRIBE THE RELIEF YOU SEEK, INCLUDING THE AMOUNT OF MONEY IN CONTROVERSY, IF ANY.

[Click here to enter text.](#)

CONTRACTOR ("APPELLANT")

Name
Street
City
State, Zip Code
Telephone

APPELLANT'S REPRESENTATIVE

Name
Firm Name
Street
City
State, Zip Code
Telephone

Signature of Appellant or Representative: [Click here and enter the name of the person filing this document.](#) This will constitute the electronic signature of that person.