

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>CLAIM OF APPEAL ON APPLICATION FOR CONCEALED WEAPON LICENSE</b>	<b>CASE NO.</b>
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Court address

Court telephone no.

Appellant's name, address, and telephone no.

County clerk's name, address, and telephone no.

v

Appellant's attorney, bar no., address, and telephone no.

**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 reasons on 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 28.425l(3) by the Michigan State Police. county clerk.

c. failure of the county clerk to issue a license to a carry a concealed pistol. The application filed on \_\_\_\_\_  
complied with MCL 28.425b(1), (5), and (9). Date

d. suspension/revocation of my license to carry a concealed pistol under MCL 28.428 because:  
(Specify reasons on separate sheet. Attach supporting documentation.)

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 by first-class mail addressed to their last-known addresses as defined in MCR 2.107(C)(3).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature