



## TURN-BACK APPEAL FORM

### Official Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_ **SPORT:** \_\_\_\_\_

BOCES # : \_\_\_\_\_

Turn-Back Dates: \_\_\_\_\_

### Reason for Turn-Backs (Utilize an Additional Memo, If Necessary)


### Documentation

PLEASE SUBMIT WRITTEN DOCUMENTATION SUPPORTING YOUR APPEAL SUCH AS:

- A) A Doctor's note on letterhead including the dates of disability (From/To) – if applicable.
- B) Extraordinary circumstances with documentation including applicable dates (From/To) – if applicable

Send the required information via email to:

- OCC REP – Charles Rothman – [cprangerny@yahoo.com](mailto:cprangerny@yahoo.com)

Deadlines for appeals for the 2014/2015 Sport Seasons are as follows:

- FALL                      DECEMBER 10<sup>TH</sup>
- WINTER                 APRIL 20<sup>TH</sup>
- SPRING                 JUNE 10<sup>TH</sup>