

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

Appellant/Petitioner name and address
Appellant's/Petitioner's attorney, bar no., address, and telephone no.

v

Appellee/Respondent name and address
County clerk name, address, and telephone no.

1. \_\_\_\_\_, claims an appeal of a denial of an application for a concealed  
Name  
weapon license on \_\_\_\_\_ in \_\_\_\_\_ County of the State of Michigan.  
Date

2. A copy of the notification of denial of application for a concealed weapon permit is attached.

The application was denied based upon the grounds specified in MCL 28.425b(7)(o).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appellant/Attorney signature

**PROOF OF SERVICE**

I certify that I served a copy of this claim of appeal upon the following individuals of this county

\_\_\_\_\_  
Name of county clerk

\_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_  
Date

personal service.  
 first class mail.

\_\_\_\_\_  
Name of prosecutor or alternative

\_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_  
Date

personal service.  
 first class mail.

\_\_\_\_\_  
Name of sheriff

\_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_  
Date

personal service.  
 first class mail.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature