Steven Bellone
Suffolk County Executive

Rosalie Drago
Commissioner

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

LIVING WAGE LAW NOTICE OF APPEAL

Living Wage Law, Suffolk County Code Chapter 575 (2001)

To be completed by Covered Employer or Covered Employee

NAME: _____

ADDRESS: _____

_____

CONTACT: _____ **TELEPHONE #:** _____

The undersigned hereby gives notice of appeal regarding the decision transmitted on _____(date of notice) of the requirements of the Suffolk County Living Wage Law. Specifically, we appeal:

_____

_____

_____

_____

_____

_____

_____

Additional documentation is / is not enclosed.

_____ _____

(Signature) **(Date)**

_____

(Print Name & Title)

Forward to: Suffolk County Department of Labor, Licensing & Consumer Affairs
Local Law Compliance
P.O. Box 6100
Hauppauge, NY 11788-0099