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## REQUEST FOR RECONSIDERATION

Submission Date \_\_\_\_\_  Verified Date (Staff Only)

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Please describe your objection. Be specific and include page numbers.

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### For Staff Use Only

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Intake Initials		
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Assigned Staff Initials		
Date Assigned		
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Local Expert		
Disposition		
Dispo Date		
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One item only per form. Incomplete forms, or forms with multiple items, will not be considered.