



**Commonwealth of Massachusetts**  
**Division of Occupational Licensure**  
**Board of State Examiners of Plumbers and Gas Fitters**  
1 Federal Street, Suite 0600 • Boston • Massachusetts • 02110-2012

**APPEAL OF AN INSPECTOR'S DECISION**

FEE - \$86.00 – MAKE CHECK PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS

**APPELLANT INFORMATION**

NAME: ADDRESS:  
CITY/TOWN: STATE: ZIP: LICENSE NUMBER (if applicable):  
TEL: FAX: EMAIL:

**APPEAL SITE INFORMATION**

SITE ADDRESS: CITY/TOWN:  
DATE OF INSPECTOR DECISION (Appeal must be within 10 days per M.G.L. c. 142, s. 13):  
APPLICABLE GENERAL LAW OR CMR:  
DECISION OF THE INSPECTOR:

IF ADDITIONAL SPACE IS REQUIRED, ATTACH PAGE(S) TO THIS FORM

**REASON FOR APPEAL**

IF ADDITIONAL SPACE IS REQUIRED, ATTACH PAGE(S) TO THIS FORM

**INSPECTOR INFORMATION**

INSPECTOR NAME: TEL:

Send this form to the Board office at the above address, along with the fee, a copy of any permits, and a copy of the inspector's decision (if in writing). You also must send a copy of all submitted documents to the Inspector whose decision you are appealing.

I certify under pains and penalties of perjury that the information contained in this appeal form and accompanying documents is true and correct, to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF APPELLANT

\_\_\_\_\_  
DATE