

# Division of Energy Housing and Community Resources (DEHCR) Appeal Form

Applicant Name:		Applicant Phone Number:	
Applicant Address:		City:	Zip Code:
Applicant Email Address:			
County or Tribe:		Agency Worker Name:	
Person ID (PID)#:	Check type of benefit being appealed: <input type="checkbox"/> Regular Benefit(s) <input type="checkbox"/> Crisis Benefit(s)		
Please explain why you are requesting an appeal:			

Mail completed form to:  
Division of Energy, Housing, and Community Resources (DEHCR)  
P.O. Box 7970, Madison, WI 53707

or email to [heat@wisconsin.gov](mailto:heat@wisconsin.gov)

