

**NOTICE OF APPEAL OR OTHER CONTEST OF ADVERSE DETERMINATION OF WAGE THEFT OR PAYROLL FRAUD**

**SECTION 1: Information for Contractor/Subcontractor Completing this Affidavit**

- A. Business Name: \_\_\_\_\_
- B. Business Address: \_\_\_\_\_
- C. Principal Owner's Name: \_\_\_\_\_
- D. Principal's Contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- E. Project Manager's Name for Project Identified in Section 2: \_\_\_\_\_
- F. Project Manager's Contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 2: Development Site/Development Project**

- A. Project Name: \_\_\_\_\_
- B. Site Address: \_\_\_\_\_ Developer: \_\_\_\_\_

**SECTION 3: Appeal or Contest of Adverse Determination of Wage Theft or Payroll Fraud:**

- A. Agency Issuing Adverse Determination: \_\_\_\_\_
- B. Agency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- C. Adverse Determination Date: \_\_\_\_\_ Case or File No.: \_\_\_\_\_  
*(A copy of the Adverse Determination issued by the Agency must be attached and submitted with this form.)*
- D. Date Appeal or Contest Was Filed: \_\_\_\_\_ *(A copy of the document initiating the appeal or contest must be attached and submitted with this form.)*

**SECTION 4: Certification**

**I hereby certify under penalty of perjury that I have personal knowledge of the statements made herein on behalf of the firm identified in 1.A. above, that the statements are true and accurate to the best of my knowledge and belief, that the Adverse Determination identified in Section 3 has been appealed or otherwise contested, and that no decision has yet been rendered on the appeal or contest.**

**On behalf of the company identified in 1.A. above, I also certify that I have the authority to and do hereby specifically authorize the agency identified in Section 3 above to provide to the Director of the City of Cincinnati's Department of Economic Inclusion, or his or her designee ("the Director"), information or records associated with the initial determination made against said company; the status of the appeal, reconsideration or other contest proceeding; the decision on appeal, reconsideration or other contest; and the availability of opportunities for further appeal, reconsideration or other contest, if any; as may be requested by the Director throughout the appeal, reconsideration or other contest process and continuing for 60 days after the exhaustion of all appeals, unless this writing is otherwise revoked in writing by the company, with notice to the Director.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Sworn to before me and subscribed in my presence by \_\_\_\_\_ as his  
or her free and voluntary act this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_