

Form 2509

NOTICE OF APPEAL

1

APPELLANT(S) (Name of Person(s) / Filing Appeal)		RESPONDANT(S) (Name of Person(s) / Filing Appeal)	
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
And Address (Name of Attorney of Record for Appellants)		And Address (Name of Attorney of Record for Respondants)	
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	

CERTIFICATE OF SERVICE

The undersigned hereby certifies that he/she served a true and correct copy of the foregoing Notice of Appeal upon Respondent(s) by mailing said copy to the following named person:

NAME

ADDRESS

By first class mail, postage fully prepaid, on this _____, day of _____, 20____

ATTORNEY FOR APPELLANT