



Notice of Appeal

This form is used to file an appeal of an order, notice, decision, determination, or ruling by the Allegheny County Health Department. Please complete this form (use additional pages as necessary). If more than one person or entity is filing this appeal, please attach a separate form for each additional appellant. **A copy of the order, notice, decision, determination, or ruling must be attached to the Notice of Appeal.**

Name MOHAMMAD MUNIL LILLENS PIZZA
Mailing Address 535 E. OHIO ST
City PITTSBURGH State PA Zip 15212 Email _____
Phone 412 944 5823 Fax (optional) _____
412 478 5425

If you are represented by an attorney, please provide contact information for your attorney:

Name _____
Mailing Address _____
City _____ State _____ Zip _____ Email _____
Phone _____ Fax (optional) _____

Describe your objections to the Department's actions and a statement describing the relief you want the Hearing Officer to grant. (The objections may be factual or legal and must be specific. If you fail to state an objection here, you may be barred from raising it later in your appeal. Use additional pages if necessary.)

SEE ATTACHED

By filing this Notice of Appeal with the Allegheny County Health Department, I hereby certify that the information submitted is true and correct to the best of my information and belief.

Signature _____ Date _____

Appeals should be submitted in person or by mail to:
Allegheny County Health Department
Attention: Hearing Officer
542 4th Avenue
Pittsburgh, PA 15219

12-12-17

To the Allegheny County Health Department:

I am requesting a hearing for the violation of not having a public restroom on a recent inspection.

We would like to apply for a variance. We have been in business here for over 20 years.

In order for customers to use the employee restroom, they would have to walk thru the kitchen which is not allowed, there really is not any where to put a public restroom as this is a small facility and would place a hardship on the business.

Sincerely
M. Min