10-7-7022

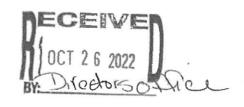
County of Atllegherns
Alleghern County Health Dept. RE: BONILLA
319059580fras Way
RSn. PA. 15201
AH: D. Anthony Lauria
Environmental Health Specialist.

Due to the fact that my entire
computer System is disabled I am writing to
Go For an Appeal under Alticle XI. this is
a written request to be followed by a formal
Appeal Form within I have 3 days from
this date this is to serve as a Formal
Request For Appeal Sorry the is not
protocol. It will be Tradhyou.

Incerted.



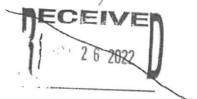
Notice of Appeal



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 Benito and Burbara A. Bonilla Mailing Address 5086 Thoms Run Rd City Oakdale State PA Zip 15071 Email Phone 412-220-4157 Fax (optional)_ If you are represented by an attorney, please provide contact information for your attorney: Name Vickie Nagle Mailing Address 219 W. Main St., Apt. #3 City Corregie State PA zip 15106 Email Vickienagle 2022 @ Phone 412-915-5473 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.) The property was brought up to date to code the Health Dept. Failed to answer our Discovery. The Borilla's are elderly and suffered from Covid. Yet they were continously harrassed and civil rights were violated. We believe that race issues are involved since Benito is this panic. We ask that the violations be rechified in writing and this case dismissed with Prejudice in writing. 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.

Appeals should be submitted in person or by mail to:

Allegheny County Health Department Attention: Hearing Officer 542 4th Avenue Pittsburgh, PA 15219





542 4th Avenue Pittsburgh, PA 15219

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 notice, decision, determination, or ruling must be attached to the Notice of Appeal.
Name Denito and Barbara A. Borilla
Mailing Address 5086 Thoms Run Rd
City Oakdale State PA Zip 15071 Email
Phone 4(2-220-4157 Fax (optional)
If you are represented by a y, please provide contact information for your attorney:
Name Y CICIE Nagle
Mailing Address 219 W Main of Mal H3
City Ca Renegite State PA zip 15106 Email Vickien agle 2022 P
City Carregie State PA zip 15106 Email Vickienagle 2022 @ Phone 412-9(5-5473 Fax (optional) gmail.com
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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 Date
Appeals should be submitted in person or by mail to: Allegheny County Health Department Attention: Hearing Officer 542 4th Average



Notice of Appeal

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	ng Address 5086 thoms Run Rd	A SECTION OF THE SECT
Cit	Galdale State PA Zip 15071 Email	
Ph	ne 4(Z-220-4157 Fax (optional)	
If y	are represented by a y, please provide contact information for your attorney: e Victic Nagle	
Ma	na Address 219 W. Main St Ant H3	Professional passed of all 14
City	Gorregie State PA zip 15106 Email Vickienagle 2 e 412-915-5473 Eax (optional)	9.5502
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The parsu Covice Violan Hispa	ibe your objections to the Department's actions and a statement describing the relief your objections to grant. (The objections may be factual or legal and must be specific. If you fail to do not here, you may be barred from raising it later in your appeal. Use additional pages if necessary operty was brought up to do to the tocode. The Health Dept. for each our Discovery the Bopilla's are elderly and suffered by ether was continously harrassed and civil rights med. We believe that race issues are involved since is not income the nice. We ask that the violations be rechified in an inscase dismissed with Presudice in writing.	o state an v.) Liled to From
By fi that	ng this Notice of Appeal with the Allegheny County Health Department, I hereby ce be information submitted is true and correct to the best of my information and belie	ertify ef.
Oigna	Date 10-25-2022	

Appeals should be submitted in person or by mail to:

Allegheny County Health Department Attention: Hearing Officer 542 4th Avenue

Pittsburgh, PA 15219

