

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov/> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY REV	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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DEPARTMENT OF REVENUE

Non-Agency Party County of Residence:	Date Request for Hearing Filed with Agency:	Agency Case Number:
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Check Here if an Application Was Denied: (APP)

Select Case Type:

<p style="text-align: center; color: blue;">Tax Appeals:</p> <p><input type="checkbox"/> ALTOT - Alcohol and Tobacco Tax Assessment *</p> <p><input type="checkbox"/> FUEL - Fuel Tax Assessment *</p> <p><input type="checkbox"/> ITA - Income Tax Assessment *</p> <p><input type="checkbox"/> SUTA - Sales and Use Tax Assessment *</p> <p><input type="checkbox"/> WTA - Withholding Tax Assessment *</p> <p>Note to Clerk's Office: * Non-agency party is Plaintiff with burden of proof.</p>	<p style="text-align: center; color: blue;">Miscellaneous Appeals:</p> <p><input type="checkbox"/> FDTSV – Franchise Dealer Temporary Sale Violation ***</p> <p><input type="checkbox"/> MVFPA - Motor Vehicle Franchise Practices Act **</p> <p><input type="checkbox"/> MVCTA - Motor Vehicle Certificate of Title Act***</p> <p><input type="checkbox"/> REG - Registration to Sell and Distribute Holographic Strips***</p> <p><input type="checkbox"/> SLP - Surrender of License Plate (APP Denied) ***</p> <p>Note to Clerk's Office: ** Party filing Complaint is Plaintiff with burden of proof. *** Agency party is Plaintiff with burden of proof <u>unless</u> an application for a license, certificate or registration is denied.</p>
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CONTACT PERSON IN AGENCY

NAME	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	POSITION	EMAIL

NON-AGENCY PARTY

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL
<input type="checkbox"/> ATTORNEY NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL

AGENCY PARTY

NAME	DIRECT TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	EMAIL	
ATTORNEY NAME	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	EMAIL	GEORGIA BAR NO