

## Charitable Bingo Operations Division Request for Informal Dispute Resolution Form

This form must be completed and signed to request an informal dispute resolution conference concerning, audit, licensing or other issues under the regulatory authority of the Charitable Bingo Operations Division. Questions? Contact the Charitable Bingo Operations Division at 1-800-246-4677 and ask to speak with the Compliance Specialist; by e-mail at [debbie.cook@lottery.state.tx.us](mailto:debbie.cook@lottery.state.tx.us), or refer to 16 TAC §402.708 Dispute Resolution for the dispute resolution procedures at the [Charitable Bingo website](#).

**Step 1:** You must have received a Final Audit Report, have concluded the Informal Audit Review Conference, or received a Determination Letter in order to request an informal dispute resolution.

**Step 2: Fax or Mail** a copy of the completed and signed Dispute Resolution Request form and any supporting documentation to the Charitable Bingo Austin office within 15 working days from the receipt of your final audit report, conclusion of the informal Audit Review Conference, Opportunity to Show Compliance Letter or 20 calendar days from the receipt of your Determination Letter.

**FAX:** 1-512-344-5142  
**Mail:** Charitable Bingo Operations Division  
 Attn: Compliance Specialist  
 P.O. Box 16630  
 Austin, TX 78761-6630

**The Charitable Bingo Operations Division must receive the Dispute Resolution Request form and supporting documentation within the specified timeframe or Dispute Resolution Request may be denied. NOTE: If the designated due date (calendar date) falls on a Saturday, Sunday, or legal holiday, the due date becomes the following business day.**

Licensed Organization Name: \_\_\_\_\_

Taxpayer Number: \_\_\_\_\_

Organization Contact Name & Title / Telephone Number: \_\_\_\_\_

Other Attendees: \_\_\_\_\_

Mailing Address, City, Zip Code and County: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax Telephone Number: \_\_\_\_\_

TYPE OF REVIEW REQUESTED:  Telephone  Face to Face

Attorney Representative (if any), Phone #, Fax #, e-mail: \_\_\_\_\_

**Disputed Findings /Violations.** List only those findings/violations codes you dispute (Add additional sheets as necessary)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_ 11. \_\_\_\_\_ 12. \_\_\_\_\_

**Submitted by:** Print Name and Title of Individual

**Signature and Date** Must be signed or request is subject to denial **Date**

**FOR OFFICE USE ONLY**

Date Determination Letter received (20 calendar days): \_\_\_\_\_

Informal Audit Review Conference Date (15 working days): \_\_\_\_\_

Final Audit Report Date (15 working days): \_\_\_\_\_

Opportunity to Show Compliance Letter Date (15 working days): \_\_\_\_\_