



Charitable Bingo Operations Division

Request for Informal Dispute Resolution Form

FORMID 98

WHO MUST SUBMIT THIS 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. Refer to 16 TAC §402.708 Dispute Resolution for the dispute resolution procedures.

GENERAL INSTRUCTIONS

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 Operations 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.

FORM SUBMISSION

FAX: 1-512-344-5142

MAIL: Texas Lottery Commission
Charitable Bingo Operations Division
Attn: Compliance Services Coordinator
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 time frame 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 Attendess: _____

Mailing Address, City, Zip Code & County: _____

Email Address: _____ Fax Number: _____

TYPE OF REVIEW REQUESTED: [] Telephone [] Face to Face

Attorney Representative (if any), Phone No., Fax No, Email: _____

Disputed Findings/Violations. List only those findings/violations codes you dispute (add additional sheets if necessary).

- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

Submitted by: Print Name and Title of Individual _____



Signature (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): _____